



**REFUND FORM**

**AFPMBAI ID NO.** \_\_\_\_\_  
 (PLEASE PRINT CLEARLY)

Control No.: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Serial No.:** \_\_\_\_\_  
**Unit Assignment / Address / FSU:** \_\_\_\_\_ **Cellphone No.:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_

**Authorization To Deposit Unclaimed Benefits**

(Please put a check mark in the box, if you agree) I hereby authorize The Armed Forces and Police Mutual Benefit Association, Inc. (AFPMBAI) to **automatically deposit** my Dividends, Bonuses, Maturities, and/or Refunds to the bank account details I have with them or through other accredited payment facilities (eg. Palawan Express Pera Padala) for all my existing policy (ies) and/or loans with AFPMBAI.

For Deposit at (Name of Bank) \_\_\_\_\_  
 Bank Savings Account No. \_\_\_\_\_

*(Special Request)*  
 Prepare Refund as

Cash  
 Check

Pick up at Head Office  
 Pick up at Regional Office

\_\_\_\_\_

Mail to:                       Unit Address                       Home Address

For pick up through a Representative (*Special Power of Attorney, Valid ID of the owner and Representative is required*)

\_\_\_\_\_  
 Requested by (Print Name & Signature)

**PRIVACY NOTICE as per REPUBLIC ACT NO. 10173**

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME**

**UNCLAIMED REFUNDS WITHIN 1 MONTH AFTER FILING SHALL BE MAILED TO HOME ADDRESS**