ASSOCIATION OF ILOILO PROVINCIAL GOVERNMENT EMPLOYEES

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RETIREMENT / RESIGNATION FORM

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MEMBER'S AUTHORIZATION

JOECIL L. MAYOR
President, AIPGE

Dear Madam,

I would like to claim my Retirement Fund as I am :

☐ Retiring effective this date: _____. Retirement is ☐ Forced / ☐ Optional.

☐ Separating from the Iloilo Provincial Government through ☐ resignation / ☐ transfer effective this date: _____.

Office:	Contact No.
Month of Last Salary Deduction with AIPGE Payment :	Have you been assigned to more than one (1) office(s)/hospital(s) during the duration of membership with AIPGE? ☐ No ☐ Yes If yes, pls. write down the offices/hospitals below:

Signature over printed Name of Member: *(pls. include maiden name if married during duration of membership)*	Date Submitted	Concurred by: Printed Name and Signature of Employee's Administrative Officer or Head of Office

- The retired / transferred / resigned member has one year from date of retirement to apply for his / her retirement claim and must claim his / her retirement within a year after date of application of the claim.
- Attach photocopy of ID of claimant and ID of representative (if applicable).

Details of Authorized Representative
If member is unable to claim retirement personally, he/she may authorize a family member named in the Members Data Sheet or send an authorization letter for the designated representative named below)

Name of Authorized Representative	First Name :	Middle Name :	Last Name :	Suffix :
Relationship to the Member:			Age	Sex : ☐ Male ☐ Female
Signature of Representative:			Contact Number :	

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