



## AUTHORIZATION FORM

Form No. 06302017-AUTH

I, \_\_\_\_\_ of legal age,  
(single/married/widow/widower) and a resident of \_\_\_\_\_  
do hereby name, constitute and appoint  
Mr./Ms. \_\_\_\_\_ of legal age,  
(single/married/widow/widower) and a resident of \_\_\_\_\_  
to be my  
authorized representative to do and perform the following acts, to wit:

**Signature**

☐ To file, deliver, and follow up Application for GSIS benefits  
and documents relative thereto;

☐ To receive the check, fund, and/or benefit proceed from GSIS  
as well as to sign any document/s necessary for its release;

☐ To perform any other act necessary to carry out any or all of  
the foregoing.

Hereby giving and granting authority unto my said authorized agent / representative,  
whose signature appears below, full power and authority to carry out the foregoing and hereby  
CONFIRMING AND RATIFYING all that my said authorized agent/representative shall do and  
perform by virtue hereof.

In witness thereof, I have hereunto set my hand this \_\_\_\_\_ of \_\_\_\_\_,  
20\_\_ at \_\_\_\_\_.



**Printed name and signature of witnesses:**

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of principal over printed name

Thumb mark  
(if unable to affix  
signature)

**Authorized agent/representative:**

**IDs presented:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name