



AUTHORIZATION FORM

Form No. 06302017-AUTH

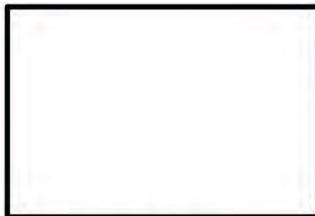
I, _____ of legal age,
(single/married/widow/widower) and a resident of _____
do hereby name, constitute and appoint
Mr./Ms. _____ of legal age,
(single/married/widow/widower) and a resident of _____
to be my
authorized representative to do and perform the following acts, to wit:

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