



**D. CERTIFICATION AND DATA PRIVACY NOTICE**

I certify that the information provided are true and correct and I understand that I shall be held liable under all circumstances for any false information, misrepresentation and fraud in my request for data change.

The information collected through this form shall be used and retained by the SSS for the processing and payment of benefits/continuous payment of pension, for the establishment, exercise or defense of SSS' legal claims and to reestablish or continue the operations of the SSS in the event of disaster.

Pursuant to Sec. 24 (c), SS Act of 2018 (R.A. 11199) and the Data Privacy Act of 2012 (R.A. 10173), SSS shall keep confidential and secure all the information using organizational, physical and technical measures and procedures. SSS will not divulge your personal data to any person unless authorized by you or required through a subpoena issued by the courts or quasi-judicial bodies. However, the SSS may share your information with other government agencies like, the PhilHealth, Pag-IBIG, Philippine Statistics Authority, DSWD and COA, through a data sharing agreement or by contract with partner private companies like, banks, collecting agents, insurance companies or IT solutions contractors, to provide you with efficient and effective service and for the attainment of SSS' legal mandate of providing you social security.

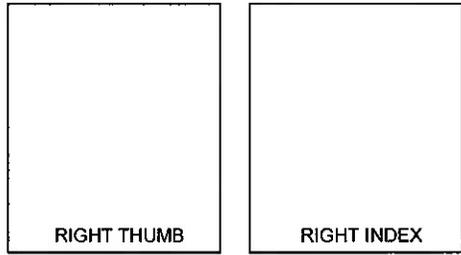
While we are committed to ensuring the safety and security of your personal data, no method of transmission over the internet or method of electronic storage will guaranty absolute security. Nevertheless, all the forms used in collecting information from you shall be disposed of in accordance with SSS' Records Retention and Disposition Schedule to insure unnecessary disclosure of information.

For detailed information about SSS Data Privacy Policies, please refer to the Data Privacy Notice posted at [www.sss.gov.ph](http://www.sss.gov.ph).

For inquiries and clarification, please email at [member\\_relations@sss.gov.ph](mailto:member_relations@sss.gov.ph).

_____	_____	_____
PRINTED NAME OF PENSIONER/GUARDIAN/ AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE

If pensioner/guardian/authorized representative cannot sign, affix fingerprints. Please read instruction no. 5 of this form.



Witness/es to fingerprinting:

1)	_____	_____	_____
	PRINTED NAME	SIGNATURE	DATE
	ADDRESS AND CONTACT NUMBER _____		
	POSITION/RELATIONSHIP _____		
2)	_____	_____	_____
	PRINTED NAME	SIGNATURE	DATE
	ADDRESS AND CONTACT NUMBER _____		
	RELATIONSHIP _____		

**PART II - TO BE FILLED OUT BY SSS**

**A. BRANCH**

For Correction/Change of Name (1), Date of Birth (2), Bank Information (3), Updating of Contact Information (4) and Change of Mode of Pension Payment from "THRU CHECK" to "THRU THE BANK" (5)

RECEIVED BY

_____	_____	_____
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME

REVIEWED AND APPROVED/DISAPPROVED BY

_____	_____	_____
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME

For Change of Mode of Pension Payment from "THRU THE BANK" to "THRU CHECK" (6)

REMARKS

APPROVED     DISAPPROVED    \_\_\_\_\_     OTHERS    \_\_\_\_\_

RECEIVED BY

_____	_____	_____
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME

REVIEWED AND APPROVED/DISAPPROVED BY

_____	_____	_____
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME

**B. PROCESSING CENTER**

REMARKS

APPROVED     DISAPPROVED    \_\_\_\_\_     OTHERS    \_\_\_\_\_

PROCESSED/ENCODED BY

_____	_____	_____
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME

**WARNING**

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS FORM OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS FORM SHALL BE CRIMINALLY LIABLE UNDER SECTION 28 OF THE SOCIAL SECURITY ACT OF 2018 (R.A. 11199) AND ARTICLE 207 CHAPTER IX OF P.D. NO. 626



