

PASEGURAHAN NG MGA NAGLILINGKOD SA PAMAHALAAN
(Government Service Insurance System)
Financial Center, Roxas Blvd., Pasay City

PROOFS OF SURVIVING LEGAL HEIRS AND GUARDIANSHIP

N.B. Answer all questions completely. Wrong answers and unfilled blanks may cause delay.

CLAIMANT-GUARDIAN AND WITNESS STATEMENTS UNDER OATH

1. Name of deceased in full _____
2. Residence of deceased at time of death _____
3. Name of Office/Position of deceased _____
4. Date and Place of death _____
5. Relationship with the deceased _____
6. Father and mother of the deceased in the absence of legitimate children or if deceased is single _____

7. Names of minor children who have interest in the proceeds of the benefits due the deceased and payable by the GSIS: _____ In the absence of primary beneficiaries, indicate name(s) of brother/s and sister/s of the deceased: _____

NAME OF MINORS	AGE	NAME	AGE
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____

Married sister/s of the deceased must attach marriage contract

8. Name of the person who has care and custody of the above minor/s who declares as follows:

That the abovementioned minor/s is/are under my care and custody;

That he/she is competent to receive in behalf of said minor/s the amount/s due him/them in the proceeds of insurance and social security benefits due the deceased;

That the deceased is not survived by any legally adopted, acknowledged natural or illegitimate children.

The undersigned hereby file/s this claim to the life/retirement benefits due the deceased in the GOVERNMENT SERVICE INSURANCE SYSTEM (GSIS) and agree/s that the written statements and affidavits and all other papers called for by the instructions hereon shall constitute and be made part of these Proofs and Surviving Legal Heirs and Guardianship and further agree/s that the furnishing of the form, or of any other forms supplemental thereto, to said System shall not constitute or be considered an admission by the System that the deceased was entitled to the benefits under CA 186, as amended, PD 1146, RA 8291 or PD 626, as amended, nor waiver of any of its rights and defenses.

(Signature of Claimant-Guardian)

(Signature of Claimant-Guardian)

CORROBORATION

We, _____ and _____, both of legal age, single/married, hereby confirm the foregoing statements of claimant/s to be true and correct. We further state that we have known the deceased for around _____ years; that we are not related whether by consanguinity or affinity to him/her.

(Signature of Witness)

(Signature of Witness)

(Address)

(Address)

REPUBLIC OF THE PHILIPPINES) S.S.
City/Municipality of)

At the City/Municipality of _____, Province of _____
On this day of _____, 20____ appeared before me the above-named claimant/s and the
corroborating witnesses:

personally known to me, who acknowledged that the foregoing statements made by them on this form are true
and correct to the best of their knowledge and belief. Affiantx exhibited to me their respective Residence
Certificates as follows:

NAME	RES. CERT. NO.	DATE	ISSUED AT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTARY PUBLIC
Until December 31, 20____

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____