



PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
 PICPA Building, 700 Shaw Boulevard
 Mandaluyong City

SOCIAL FUND BENEFIT CLAIM FORM

Date: _____

Name of Member: _____

PRC Reg. No.: _____ Chapter: _____

Membership Status: _____ Contact No. _____

Cause of Death: _____

Beneficiary:

Full Name: _____

Relation: _____ Birthday: _____

Bank Details:

Name of Bank: _____

Account Name: _____

Account Number: _____

REQUIREMENTS: (For members in good standing only)

- Photocopy of latest PICPA/SLM ID or receipt of latest payment of membership dues
- Certified True Copy of Death Certificate
- Birth Certificate of Insured – NSO copy
- Marriage Contract, if beneficiary is spouse – NSO copy
- Birth Certificate of Claimant, if beneficiary is a child/sibling – NSO copy
- Certification from the Chapter President/Secretary/Treasurer that the deceased member has met all the requirements

The Chapter shall initiate the filling of the death benefit in behalf of the deceased member with the National Office immediately within 60 days after the death of the member.

Submitted by:

 Name & Signature of Chapter Officer

FOR OFFICIAL USE ONLY:

DATE OF RECORDING IN THE MEMBERSHIP RECORD: _____

PERSON RECORDING THE ENTRY: _____

EFFECTIVITY DATE: JUNE 4, 2021