PAGLAUM MUTUAL BENEFIT ASSOCIATION INC.

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NOTICE OF CHANGE OF BENEFICIARY/IES WILL BE ADDED TO THE MEMBERS CERTIFICATE NO: TO : MANAGER Branch: IN CONNECTION WITH: NAME OF T.O./ A.O./ MBA COORDINATOR **FROM** NAME OF THE MEMBER CENTER:_____ DATE This is related to change my beneficiary/ies because of My new beneficiary/ies are the following: **BENEFICIARY NAME BIRTHDATE** RELATIONSHIP FIRST BENEFICIARY SECOND **BENEFICIARY** Member's signature Date signed: Contact Number: Approved by: Date signed : _____