MEMORANDUM:

To : Chief EPS- CID/ SGOD
    Education Program Supervisors
    Public Schools District Supervisors
    Elementary School Heads / Sec. sch hds.
    Teachers
    OSDS Employees

Date : April 26, 2018

From : SOCORRO V. DELA ROSA
    Schools Division Superintendent

Subject : “Revocation of Spouse-Beneficiary under Life Endowment Policy (LEP) and Enhanced Life Policy (ELP)”

Per Government Service Information System Implementing Rules and Guidelines, Active members may be allowed to revoke the spouse-beneficiary.

The following are the requirements for the revocation:

1. Active member who has sufficiently proven that he or she is separated-in-fact from his or her legitimate spouse due to the fault of the latter.

2. Active member complied with the submission of the following documents:
   - Duly Notarized Affidavit of 2 Disinterested Persons or Witnesses stating that the policyholder and his/her legitimate spouse are separated-in-fact (i.e., no longer living together) and the underlying circumstances showing that such separation was due to the legitimate spouse’s fault; or
   - Barangay Certificate issued under oath by the Punong Barangay of the barangay where the policyholder is residing stating that the policyholder and his/her legitimate spouse are separated-in-fact (i.e., no longer living together) and the underlying circumstances showing that such separation was due to the legitimate spouse’s fault.

3. Active member is not yet 65 y.o. (i.e., 64 y.o and below) at the time of request.

4. No filed application for compulsory retirement

5. With submitted Designation or Change of Beneficiary(ies) Form signed by the AAO (desired form herewith attached).

For information, guidance and compliance.
DESIGNATION/CHANGE OF BENEFICIARY/IES FOR LIFE ENDOWMENT POLICY (LEP) AND ENHANCED LIFE POLICY (ELP)

Please check the reason for designation or change of beneficiary/ies:

☐ Without a legitimate spouse and legitimate, legitimated, adopted and declared illegitimate children.

☐ Death of the designated beneficiary/ies.

☐ Revocation of the legitimate spouse as beneficiary and the policy holder is childless.

I, ____________________, with Business Partner Number ______________________ and insured under Policy No. ______________ hereby request that the Beneficiary/ies named hereunder be acknowledged as my Beneficiary/ies:

### DESIGNATION OF BENEFICIARY/IES:

<table>
<thead>
<tr>
<th>PRINTED NAME OF BENEFICIARY/IES</th>
<th>RELATIONSHIP to the insured</th>
<th>GENDER</th>
<th>DATE OF BIRTH (mm/dd/yyyy)</th>
<th>COMPLETE ADDRESS</th>
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### CHANGE OF BENEFICIARY/IES:

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<tr>
<th>FORMER BENEFICIARY/IES</th>
<th>NEW BENEFICIARY/IES</th>
<th>RELATIONSHIP to the insured</th>
<th>GENDER</th>
<th>DATE OF BIRTH (mm/dd/yyyy)</th>
<th>COMPLETE ADDRESS</th>
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Executed at ______________________ on __________________ day of ______________________

____________________________
Signature of Insured

Witnessed by:

____________________________
Name of AAQ/Designation

____________________________
Agency

____________________________
Signature

Right Thumbmark
(If unable to affix signature)