

PART VII - SELF-DECLARATION ON NON-REMARRIAGE/NON-COHABITATION

I do hereby declare that I have not remarried, cohabitated with another person, or otherwise engaged in a common-law relationship since the death of my spouse.

I understand that if said declaration as given by me is proven to be false, my entitlement to the death benefit of my spouse from the Social Security System (SSS) shall be automatically cancelled/stopped.

I also acknowledge that once I remarry, cohabit with any person, or engage in a common-law relationship, I shall report the same to the SSS, and applicable SSS policy shall be implemented.

I undertake to return to the SSS, without need of demand or judicial action, all undue pension benefits that I may have received after my entitlement thereto has been cancelled as stated above.

I further acknowledge that any misrepresentation, concealment and inaccurate or untruthful statement on my part shall be a ground for criminal and civil action against me.

SIGNATURE OVER PRINTED NAME OF THE SURVIVING LEGAL SPOUSE

DATE

PART VIII - TO BE FILLED OUT BY SSS RECEIVING BRANCH/SERVICE/FOREIGN OFFICE/OFW - CSS

A. MANNER OF COMPLIANCE

<input type="checkbox"/> PERSONAL APPEARANCE	<input type="checkbox"/> THRU MAIL	<input type="checkbox"/> CERTIFIED BY BANK REPRESENTATIVE
<input type="checkbox"/> THRU AUTHORIZED REPRESENTATIVE	<input type="checkbox"/> THRU E-MAIL	<input type="checkbox"/> OTHERS

B. RECOMMENDATION

<input type="checkbox"/> CONTINUE PENSION	<input type="checkbox"/> CANCEL PENSION	REMARKS (Indicate reason/s for suspension, cancellation, rejection, pending or returned.)
<input type="checkbox"/> RESUME PENSION	<input type="checkbox"/> RETURN ACOP FORM	
<input type="checkbox"/> SUSPEND PENSION	<input type="checkbox"/> PENDING	

PROCESSED BY

SIGNATURE OVER PRINTED NAME

POSITION TITLE

DATE & TIME

APPROVED BY

SIGNATURE OVER PRINTED NAME

POSITION TITLE

DATE & TIME

INSTRUCTIONS

1. Fill out this form in one (1) copy. If receiving two (2) or more types of pension, fill out one (1) ACOP form for each type of pension.
2. Always affix initials on all erasures/alterations on this form.
3. Always indicate the following mandatory information:
 - a. SS Number of pensioner, representative payee and dependent (minor/incapacitated) child (18 years old and above)

Note: Representative payee refers to the guardian of a beneficiary/pensioner who receives the pension in his/her behalf.
 - b. Contact information

▪ Telephone number	▪ Mobile/Cellphone number	▪ E-mail address
--------------------	---------------------------	------------------

Note: If pensioner cannot provide the required contact information, indicate the following information of the pensioner's immediate family member/relative:

 - Contact information where SSS can communicate with the pensioner
 - Name and signature of the immediate family member/relative
 - Relationship of the immediate family member/relative to the pensioner
 - c. Mailing address (Philippine or Foreign Address)
 - If Philippine Address, indicate the Room/Floor/Unit No. & Building Name, House/Lot & Block No., Street Name, Subdivision, Barangay/District/Locality, City/Municipal and Province.
 - If Foreign Address, indicate Room/Floor/Unit No. & Building Name, House/Lot & Block No., Street Name, State and Country.
 - d. Postal code
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. Write "Nothing Follows" immediately after the last dependent (minor/incapacitated) child. (PART IV - QUESTIONNAIRE of Page 1).
6. Bank shall submit to SSS thru e-mail within five (5) working days the scanned copies of ACOP Forms with duly accomplished PART VI - TO BE FILLED OUT BY BANK REPRESENTATIVE (IF COMPLIANCE IS THRU THE BANK) and documentary requirements (if compliance is thru bank).
7. Submit this form together with the following ID cards/documents and documentary requirements based on the checklist below:

Note: a. If thru personal appearance, present the original copy/ies of ID cards/documents of the pensioner.

b. If thru authorized representative, submit photocopy/ies of ID cards/documents of the pensioner and authorized representative, and documentary requirements of the pensioner.

c. If thru e-mail, submit soft copy/ies (e.g., pdf, jpg) of ID cards/documents and documentary requirements of the pensioner.

d. If thru mail, submit photocopy/ies of ID cards/documents and documentary requirements of the pensioner.

MANNER OF COMPLIANCE	LIST OF DOCUMENTARY REQUIREMENTS	ID CARDS/DOCUMENTS
a. Thru personal appearance	Identification documents of pensioner: <ul style="list-style-type: none"> • One (1) Primary ID card/document • Two (2) Secondary ID cards/documents [both with signature and at least one (1) with photo] Additional documents for pensioners whose compliance is thru authorized representative, e-mail or mail: <ul style="list-style-type: none"> • Chest-level photo or snapshot of the pensioner holding a current newspaper wherein the headline and date of publication are prominently displayed, or having a background of news crawler/ticker on the TV showing the current news headline and date. • Certification from the institution where the pensioner is confined such as retirement home, penitentiary, nursing facility, hospital, correctional institution, rehabilitation center, etc., if confined in an institution. <p><i>Note: The date of the newspaper/news crawler/ticker on the TV must be the same with the date of submission of the ACOP compliance thru e-mail or must be within the same month on the date of submission of ACOP compliance thru mail.</i></p>	A. Primary ID card/document [Any one (1) of the following]: <ol style="list-style-type: none"> 1. Unified Multi-Purpose ID Card 2. Social Security Card 3. Philippine Identification Card 4. Alien Certificate of Registration 5. Driver's License 6. Firearm Registration 7. License to Own and Possess Firearms 8. National Bureau of Investigation Clearance 9. Passport 10. Permit to Carry Firearms Outside of Residence 11. Postal Identity Card 12. Seafarer's Identification & Record Book (Seaman's Book) 13. Voter's ID Card
b. Thru authorized representative		B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary ID card/document)
c. Thru e-mail		<i>Note: ID card/s/documents with an official English translation by Philippine Embassy/Consulate (for ID cards/documents issued by foreign government and in foreign language/s) must be accepted.</i>
d. Thru mail		

**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 R.A. 1161,
AS AMENDED BY R.A. 11199 AND ARTICLE 207 CHAPTER IX OF P.D. NO. 626**