



DE LA SALLE UNIVERSITY-FACULTY ASSOCIATION, INC.

1st Floor, Faculty Center

2401 Taft Avenue, Manila

1004 Philippines

CONTROL NO. _____

RE: ACTIVE & LIFETIME MEMBERSHIPS

ASSIGNMENT OF BENEFICIARIES/CLAIMANTS FOR FA'S DEATH BENEFIT TO WHOM IT MAY CONCERN:

I WOULD LIKE TO DESIGNATE THE FOLLOWING AS MY BENEFICIARIES IN THE EVENT OF MY DEMISE.

THANK YOU.

DLSU ID No. _____

(Print Name and Signature)

Date: _____

PRIMARY BENEFICIARY

(Print Name)

SECONDARY BENEFICIARY

(Print Name)

() I do not have beneficiaries, I am donating it to

Name of Organization

Pink Copy For FA

Green Copy for FA Member