



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
 Makati Gil Puyat Branch  
 355 ECC Bldg. Sen. Gil Puyat Ave., Makati City  
 896-1636/ 890-4706 / 890-4776(Fax)  
makatigilpuyat@sss.gov.ph

LETTER OF INTRODUCTION (LOI)

\_\_\_\_\_  
 Date

TO SSS-ACCREDITED BANK

Dear Sir/Madam,

The bearer whose information below is an:

- SSS member     SSS pensioner     SSS claimant (guardian/spouse/beneficiary)

and he/she is:

- applying for **Disability/Retirement/Death Benefit** for which he/she:
  - is required to open a single savings account/cash card/debit card.
  - opts to use his/her existing single savings account/cash card/debit card enrolled in your bank
- applying for **Sickness/Maternity Benefit/Salary Loan** for which he/she:
  - is required to open a single savings account/cash card/debit card.
  - opts to use his/her existing single savings account/cash card/prepaid account enrolled in your bank.
- applying for an **In-Trust-For (ITF) account** as a guardian of \_\_\_\_\_.
- requesting for **change of bank/bank account** for which he/she:
  - is required to open a single savings account/cash card/debit card.
  - opts to use his/her existing single savings account/cash card/debit card enrolled in your bank
- applying for an **SSS P.E.S.O. Fund account disbursement** for which he/she is required to open single savings account/cash card/prepaid account (for Land Bank of the Philippines (LBP) and Development Bank of the Philippines (DBP) only).

Please perform proper identification of the bearer of this LOI based on banking rules and regulations.  
 Thank you for your continued support in serving our SSS members/pensioners/claimants.

Sincerely,  
**SOCIAL SECURITY SYSTEM**  
 By:

\_\_\_\_\_  
**BRANCH/DEPARTMENT HEAD**  
 Signature Over Printed Name

Name of Member/Pensioner : \_\_\_\_\_  
 SS Number : \_\_\_\_\_  
 Name of Claimant : \_\_\_\_\_  
 Address : \_\_\_\_\_

\_\_\_\_\_  
 Signature of Member/Pensioner/Claimant