



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