

Republic of the Philippines
SOCIAL SECURITY SYSTEM
 355 ECC Bldg., GII Puyat Ave., Makati City

DDR SAVINGS ACCOUNT FORM

(INSTRUCTIONS: Effective Sept. 01, 1993, death, disability, and retirement benefits will be paid thru SSS accredited banks. You must therefore indicate in this form the name and address of the bank branch where you want your benefits deposited. If you already have an existing single savings account in an accredited bank where you want your benefit to be deposited, indicate also the savings account number and present your passbook. If you fail to choose a bank, SSS will open a single savings account for you in a bank nearest your residence.)

NAME OF MEMBER (LAST) (FIRST) (MIDDLE)			SSS NO
NAME OF CLAIMANT (LAST) (FIRST) (MIDDLE)			TYPE OF CLAIM
ADDRESS			POSTAL CODE
BANK CHOSEN BY CLAIMANT: NAME OF BANK: _____		BANK BRANCH	
		SAVINGS ACCOUNT NO.	
ADDRESS OF BANK:		POSTAL CODE 	BRSTN (FOR SSS USE ONLY)
SIGNATURE OF MEMBER/CLAIMANT			DATE
FOR SSS USE ONLY. (ASSIGNMENT OF BANK BY SSS) NAME OF BANK: _____			BANK BRANCH
			BRSTN
ADDRESS OF BANK: _____			POSTAL CODE
PROCESSED BY:	DATE	REVIEWED BY	DATE