

**CERTIFICATION OF RELATIONSHIP**

I, \_\_\_\_\_, (single/married), presently residing at \_\_\_\_\_ hereby say that the individuals below is my relative within the first degree of consanguinity. I am executing this affidavit for the purpose of his/her application as Associate member with the Public Safety Savings and Loan Association, Inc. (PSSLAI).

Name	Birth Date	Age	Relationship
_____	_____	_____	_____

Thus, I understand that being Associate member, his/her membership is contingent upon my membership. In the event that I voluntarily terminate my membership with PSSLAI. I hereby agree that the existence of his/her accounts will be automatically terminated without need of consent from him/her.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name  
Regular Member  
  
Valid ID \_\_\_\_\_

**AGREEMENT**  
(For ASSOCIATE Members)

I hereby agree that upon voluntary termination of the account of my Principal Member whose name and signature appear above, my Membership as an Associate Member\*\* will be automatically terminated in accordance with Board Resolution no. 73 dated October 26, 2011.

\_\_\_\_\_  
Signature over Printed Name  
Associate Member  
  
Valid ID \_\_\_\_\_

\*\* For ITF Accounts, the Trustor shall sign in behalf of the Beneficiary.

SUBSCRIBED AND SWORN to before me, a Notary Public for Quezon City, this \_\_\_\_\_, the affiants exhibiting to me the foregoing proofs of identity bearing their photograph and signature appearing above below their names.

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