



# PHILIPPINE COAST GUARD SAVINGS & LOAN ASSOCIATION INC.

(Authorized by the Bangko Sentral ng Pilipinas)

PCGSLAI Bldg., Coast Guard Base Farola, Muelle dela Industria, Farola Compound, Binondo, Manila

Telephone Nos.(02) 5 310-1771 Mobile No. (0917) 717-4260

email : [pcgslai@gmail.com](mailto:pcgslai@gmail.com) / [pcgslai.loan@gmail.com](mailto:pcgslai.loan@gmail.com)

## REQUEST FOR ADVANCE PAYMENT FOR SHARE IN THE FUTURE INCOME (APFSI)

By signing this form, I agree and voluntarily give consent to the PCGSLAI for the processing of my personal information for purposes of my application of APFSI and other activities related thereto pursuant to provisions of RA 10173 and its IRR.

Name of Member: \_\_\_\_\_  
(Last Name, First Name Extension Name Middle Name)

Membership Type:  Regular  Honorary  
 Relative (Name of Principal \_\_\_\_\_)

Current Home Address: \_\_\_\_\_

Mobile / Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_ CapCon Account No. \_\_\_\_\_

### GUIDELINES, TERMS AND CONDITIONS

1. Bangko Sentral ng Pilipinas (BSP) Circular 789 requires all NSSLAs to distribute income to its members only once a year.
2. The PCGSLAI Board of Trustees in its special meeting on 26 May 2026 approved the granting of 5% Advance Payment for Share in the Future Income (APFSI) of the Association for the year 2026.
3. Availment of the APFSI is subject to existing APFSI Policy Guidelines approved by the BSP.
4. Members who wish to avail of the APFSI must submit a duly accomplished APFSI Request Form.
5. The amount of the APFSI shall be computed at a rate approved by the Board of Trustees.
6. Releasing of APFSI shall commence on the date specified by the Board of Trustees.
7. The APFSI shall be automatically credited to the member's Special Disbursement Account (SDA) Passbook.
8. The APFSI shall be charged or deducted from the member's dividend at yearend, **if however, declared dividend is less than the APFSI amount received, the difference will be deducted from the member's Capital Contribution Account or Special Savings Account.**

### CERTIFICATION AND AUTHORITY

I hereby request for the Advance Payment for Share in the Future Income (APFSI) of the PCGSLAI and agree to the guidelines, terms and conditions stated herein.

\_\_\_\_\_  
Signature over printed name of Member

\_\_\_\_\_  
Date Signed

### TO BE FILLED-UP BY PCGSLAI ONLY:

Amount of APFSI: \_\_\_\_\_

Prepared by: JENNIFER P ARELLANO, Asst Accountant

Checked By: MADELINE M ALAS, Accountant

Recommending Approval: CLINIO Y YALAO, VP-Treasury

Approved by: REYNALDO D GENERILLO, President

Mem\_Code \_\_\_\_\_

SDA NO. \_\_\_\_\_

SDA Name: \_\_\_\_\_

Created by: \_\_\_\_\_

Date Posted: \_\_\_\_\_