

\_\_\_\_\_  
Date

**PHILIPPINE RETIREMENT AUTHORITY**

29<sup>th</sup> Floor, Citibank Tower  
8741 Paseo De Roxas corner  
Villar and Valero Streets,  
Salcedo Village, Makati City  
Fax Number: (02) 848-7106  
Email address: [inquiry@pra.gov.ph](mailto:inquiry@pra.gov.ph)

**Sir/Madam:**

Pursuant to Board Resolution No. 24 series of 2010 and subject to compliance with the Implementing Guidelines of the SMILE Enrollment Program dated 18 April 2011, the undersigned hereby requests the withdrawal of **US\$** \_\_\_\_\_ which is presently maintained

\_\_\_\_\_  
(Name of bank)

\_\_\_\_\_  
(Branch)

***Upon migration to the SMILE Program, I am willing to maintain my US20, 000.00 SRR Visa requirement with the Development Bank of the Philippines during the whole duration of my stay with the PRA program. Likewise, I am willing to pay the Annual PRA Fee of US\$360.00 and follow other obligation/s, if any, as provided for in the aforesaid Guidelines.***

Other Instructions, (if any)

Thank you,

Very truly yours,

\_\_\_\_\_  
(Retiree's Signature over Printed Name)

SRRV No.: \_\_\_\_\_