

Republic of the Philippines  
Department of National Defense  
**PHILIPPINE VETERANS AFFAIRS OFFICE**  
Veterans Compound  
Camp General Emilio Aguinaldo, Quezon City

**WAIVEE'S CONSENT REGARDING TRANSFER OF EDUCATIONAL BENEFITS**

Claim No. \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Veteran \_\_\_\_\_  
Name of Widow \_\_\_\_\_  
Name of Waivee \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Address \_\_\_\_\_  
Organization \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Date Approved \_\_\_\_\_ Resolution No. \_\_\_\_\_

The Administrator  
Philippine Veterans Affairs Office  
Quezon City

SIR:

I have the honor to inform that I interpose no objection in the transfer of the existing balance of educational benefits under the above mentioned claim in favor of \_\_\_\_\_  
\_\_\_\_\_ who is my sister/brother, because \_\_\_\_\_

(State the reason)

My enjoyments under the Educational Benefits are as follows:

Sem/Sum/Qtr/Tri	School Year	Course	School	Student
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THUMBMARK OF FORMER WAIVEE

Left	Right

Very respectfully yours,

\_\_\_\_\_  
(SIGNATURE OF FORMER WAIVEE)