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| |  | | --- | |  | | | | | | | | | **RECADASTRAMENTO MANUAL DE BENEFICIÁRIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | --- | | C:\Users\Administrador\Desktop\instituto\LOGO IPREV.jpg | | | | | | | |  |
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|  | |  | **Aposentado** | | | | | | | |  |  | |  | | | | **Pensionista** | | | | | | |  |  |  |  | | |  |  | |  | **Nº do benefício:** | | | | | | | | | | | | |  |
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| **Nome do aposentado/pensionista:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **CPF:** | | | | | | | | | | | | | **RG:** | | | | | | | | | | | | | | | | | **Órgão Expedidor** | | | | | | | **Data de Nascimento** | | | | | | | | | | |  |
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| **Sexo** | | |  |  | | **Banco do Brasil** | | | | |  | | | **Agência nº** | | | | | | |  | | | | |  | | **Conta Corrente nº** | | | | | | | | | |  | | | | | | |  |
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| **Nome da Mãe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nome do Pai** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Endereço (Rua / Avenida / Nº)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Bairro** | | | | | | | | | | | | |
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| **Cidade** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Estado** | | | | | **CEP** | | | | | | | | | |
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| **Telefone (DDD / Nº)** | | | | | | | | | | | | | | | | **Celular (DDD / Nº)** | | | | | | | | | | | | | | | | | **E-mail** | | | | | | | | | | | | | | |
|
| **Responsável indicado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Telefone/Celular** | | | | | | | | | | | | | | |
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| **Se pensionista, preencher também o quadro abaixo:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |  | |  |  |  | |  | |  |  |  |  |  |  | | |  |
| **Nome do ex-servidor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **CPF do ex-servidor** | | | | | | | | | | | | | | | | | | | | **RG** | | | | | | | | | | | | | | | | **Data de Nascimento** | | | | | | | | | | | |  |
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| **Grau de parentesco** | | | | | | | | | | | | | | | | | | | | **Órgão de origem** | | | | | | | | | | | | | | | | **Data de óbito** | | | | | | | | | | | |  |
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| **Preencha abaixo, com os dados do tutor ou curador, se for o caso:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  |  |  |  |  |  | | |  |
| **Nome Completo** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Data da tutela ou curatela** | | | | | | | |  |
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| **CPF** | | | | | | | | | | | | | | | | | | | **RG** | | | | | | | | | | | | **Telefone (DDD / Nº)** | | | | | | | | | | | | | | | | |  |
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| **Endereço (Rua / Avenida / Nº)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CEP** | | | | | | | |  |
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| **Local** | | | | | | | | | | | **Data:** | | | | | | | | | | **Assinatura** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **A assinatura acima pertence ao:** | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  | | |  |  | |  |  |  | |  | |  |  |  |  |  |  | | |  |
| **( )Beneficiário ( )Tutor ( )Curador ( )Genitor ( )Outro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **OBSERVAÇÕES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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