

**REGIME PRÓPRIO DE PREVIDÊNCIA SOCIAL DE MATO GROSSO DO SUL - MSPREV**

Av. Mato Grosso, 5.778, CEP 79031-001 – Parque dos Poderes – Campo Grande CNPJ 10.306.292/0001-49

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**REQUERIMENTO DE REVISÃO DE BENEFÍCIO – v. 2.2**

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­­­­­­(­­­­­­Nome completo)

**Matrícula** n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, inscrito(a) no **CPF** n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, aposentado(a) no cargo de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, vem mui respeitosamente requerer Revisão de Benefício pelos motivos que seguem:

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| **DADOS ATUALIZADOS PARA CONTATO** | | | | | | | | |
| **CEP** |  | | | **Nº Logradouro** | |  | | |
| **Logradouro** |  | | | | | | | |
| **Cidade** |  | | | | | | **UF** |  |
| **e-Mail** |  | | | | | | | |
| **Nº Telefone Celular com DDD** | |  | **Outro Telefone com DDD** | |  | | | |

Nestes termos, pede deferimento.

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CIDADE UF DATA

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ASSINATURA

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| **DOCUMENTOS** (assinale  aqueles que estão sendo recebidos) |
| [ ] Documento Oficial com foto [ ] Publicação do ato de aposentadoria/reserva/reforma/ ou pensão no Diário Oficial |