



Atrium of Makati, Makati Ave., Makati City
Tel. Nos.: 811-44-01 to 27 (Connecting all departments)

APPLICATION FOR PROVIDENT BENEFITS

(Type or Print Entries)

P1-1

CLAIM FILE NO.	
RECEIVED BY	DATE

(PLEASE READ INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM)

NAME OF MEMBER (Family Name, First Name, Middle Name)		Pag-IBIG ID No.	FOR AFP EMPLOYEE	FOR DECS EMPLOYEE
ADDRESS OF MEMBER		SERIAL/ACCOUNT NO.	DIV. CODE	STATION CODE
DATE OF BIRTH (Month, Day, Year)		SEX	CIVIL STATUS	EMPLOYEE NO.
WITH MULTI-PURPOSE LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO		WITH HOUSING LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO	If with housing loan <input type="checkbox"/> Principal Borrower <input type="checkbox"/> Co-borrower	HLID No.
NAME OF CLAIMANT, if other than Member (Family Name, First Name, Middle Name)		RELATIONSHIP TO MEMBER		
ADDRESS OF CLAIMANT (Leave blank if same as member)		TELEPHONE NO.		

EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)		DATE OF Pag-IBIG MEMBERSHIP	
NAME OF EMPLOYER	ADDRESS	FROM (Month/Year)	TO (Month/Year)

I HEREBY AUTHORIZE Pag-IBIG FUND TO CREDIT MY PROVIDENT BENEFIT SUBJECT OF THIS CLAIM THROUGH MY PAYROLL BANK ACCOUNT THAT I HAVE INDICATED ON THIS RIGHT PORTION.	SIGNATURE OF MEMBER
	MEMBER'S PAYROLL BANK ACCOUNT NO.
	NAME OF BANK/BRANCH (Where member maintains payroll account)
BANK ADDRESS	

I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL THE GUIDELINES AND INSTRUCTIONS INDICATED AT THE BACK HEREOF, AS WELL AS ALL THE CONTENTS HEREIN, AND I FURTHER CERTIFY UNDER PAIN OF PERJURY THAT ALL THE INFORMATION I HAVE INDICATED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT MY SIGNATURE AND THUMBMARKS APPEARING ON THIS RIGHT PORTION ARE GENUINE AND AUTHENTIC. I LIKEWISE UNDERSTAND THAT THE PROCESSING OF THE APPLICATION IS SUBJECT TO PERTINENT PROVISIONS OF THE IMPLEMENTING RULES AND REGULATIONS OF Pag-IBIG FUND. IN THE EVENT OF ANY OUTSTANDING Pag-IBIG LOAN, I HEREBY AUTHORIZE Pag-IBIG FUND TO WITHHOLD, IN WHOLE OR IN PART, THE PROVIDENT BENEFIT SUBJECT OF THIS CLAIM, AND APPLY THE SAME TO THE PAYMENT OF SAID OUTSTANDING LOAN AND OTHER OBLIGATIONS OF THE HEREIN MEMBER, DUE Pag-IBIG FUND OR THE NATIONAL HOME MORTGAGE FINANCE CORPORATION AS OF THE DATE OF THIS APPLICATION.	SIGNATURE OF MEMBER/CLAIMANT/ AUTHORIZED REPRESENTATIVE	EMPLOYER CERTIFICATION I hereby certify under pain of perjury that the employee named herein is employed by us and is a registered Pag-IBIG member with the record of employment stated. I further certify that the member's payroll bank account no./name of bank/branch indicated herein are true and correct. <hr style="width: 80%; margin: auto;"/> <p style="text-align: center; margin: 0;">Signature over Printed Name HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE</p> <hr style="width: 80%; margin: auto;"/> <p style="text-align: center; margin: 0;">DESIGNATION</p>
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div> <p style="text-align: center; margin: 0;">LEFT THUMBMARK RIGHT THUMBMARK</p>		

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

CLAIMS/LOAN VERIFICATION						
PARTICULARS	NONE	WITH	DETAILS		VERIFIED BY	DATE
CLAIMS			DV/CHECK NO.	DATE FILED		
Pag-IBIG LOANS AVAILED			APPLICATION NO.	DV NO.	AMOUNT	
KASIPAGAN/EMERGENCY/PROVIDENT						
MULTI-PURPOSE						
LOT PURCHASE			ORIGINATING BANK	AMOUNT	TAKE-OUT DATE	
HOUSING LOAN						

REASON FOR CLAIM (Check appropriate box)				MEMBERSHIP CLASSIFICATION (Check appropriate box)	
<input type="checkbox"/> DEATH <i>Date of Death</i>	<input type="checkbox"/> PERMANENT DEPARTURE <i>Last Day of Service</i>	<input type="checkbox"/> GOVERNMENT EMPLOYEE	<input type="checkbox"/> Pag-IBIG II		
<input type="checkbox"/> RETIREMENT <i>Effective Date of Retirement</i>	<input type="checkbox"/> DISABILITY/INSANITY <i>Nature of Illness</i>	<input type="checkbox"/> PRIVATE EMPLOYEE	<input type="checkbox"/> P.O.P.		
<input type="checkbox"/> AGE 60	<input type="checkbox"/> MEMBERSHIP MATURITY	<input type="checkbox"/> SELF-EMPLOYED/OTHER WORKING GROUPS	<input type="checkbox"/> OTHERS (Pls. specify)		
PAYEE(S)					

COMPUTATION OF AMOUNT DUE TO MEMBER			
DETAILS	AMOUNTS PAYABLE	REMARKS	COMPUTED BY/DATE
EMPLOYEE'S/MEMBER'S TOTAL CONTRIBUTION	₱-		
EMPLOYER'S TOTAL CONTRIBUTION			
TOTAL DIVIDENDS EARNED			REVIEWED BY/DATE
TOTAL ACCUMULATED VALUE	₱-		
LESS: OUTSTANDING BALANCE			
NET AMOUNT	₱-		APPROVED BY/DATE
DEATH BENEFIT			
TOTAL AMOUNT DUE TO MEMBER	₱-		

GUIDELINES AND INSTRUCTIONS

A. When to File

An application for Provident benefits may be filed upon the occurrence of any of the following:

1. Membership Maturity - a period of not less than 20 years commencing from the first day of the month to which the member's initial contribution to the Fund applies, provided the member shall have actually contributed a total of 240 monthly contributions to the Fund at the time of maturity.
2. Retirement - a member shall be compulsorily retired under the Fund upon reaching age sixty-five (65). He may, however, opt to retire earlier under the Fund upon the occurrence of any of the following:
 - a. his actual retirement from the SSS, GSIS or separate employer provident/retirement plan, provided, however, that under the latter case, the member has at least reached age forty-five (45).
 - b. notwithstanding his continued employment or service, upon reaching age sixty (60): Provided, he is not a member-borrower;
3. Total Disability or insanity - loss or impairment of a physical or mental function or resulting from injury or sickness which completely incapacitates a member to perform any work or engage in any business or occupation as determined by the Fund;
4. Separation from the service by reason of health as provided for by law;
5. Permanent Departure from the Philippines;
6. Death.

B. Who May File

The application may be filed by the member, his guardian, or any authorized representative/s: Provided, that if the reason for claim is death of the member, the application may be filed by his beneficiary/ies or the latter's representative/s, or any appointed court administrator or executor.
In all instances wherein the claim application is filed by an authorized representative, the Special Power of Attorney (HDMF P1-8) and the Identification card of both parties shall be presented and/or submitted.

C. How to File

The claimant shall:

1. Secure an Application for Provident Benefits (HDMF P1-1) from any Pag-IBIG Fund NCR Branch/Regional/Sub-regional or Extension Office.
2. Accomplish the application form in one (1) copy.
3. Attach the required documents. (See List of Required Documents). In cases where xerox or photocopies are submitted, the original copy must be presented for authentication.
Falsification of documents or any untruthful statements made therein shall be the basis for disapproval of the application.
4. Submit complete application, together with the required documents to any Pag-IBIG Fund NCR Branch/Regional/Sub-regional or Extension Office. Processing of claims will commence only upon submission of complete documents.
5. Await notice of the availability of check from Pag-IBIG Fund NCR Branch/Regional/Sub-regional or Extension Office where the application was filed.
6. At the option of the employer/member to authorize Pag-IBIG Fund to credit provident benefit to member's payroll bank account, in the event of membership maturity.

D. Payment of Benefits

1. Amount

The Provident Benefits of a member shall consist of his Total/Member Accumulated Value which includes his personal contributions to the Fund, his employer's counterpart contribution, if applicable, and the dividend earnings of the total contributions declared by Pag-IBIG Fund.

2. Manner of Payment

For claims due to membership maturity, the benefits shall be paid either by check directly to the member or to be deposited to the member's payroll bank account.
For claims other than membership maturity, the benefits shall be paid directly to the member, his guardian or any authorized representative. Provided, that in the event of death of a member, payment shall be made to his beneficiary/ies or the latter's guardian/authorized representative/s, or any duly appointed court administrator or executor.
Should there be any contribution due the member but not yet received by the Fund at the time of the above payment, the same shall be correspondingly released after receipt of the proper documents.
In the event of membership termination, the outstanding balance of the member's short term loan, as well as the outstanding balance of his housing loan shall be deducted from the member's TAV, if the housing loan is in arrears and the housing loan was released prior to March 1, 1999. If the housing loan was released from March 1, 1999 onwards, however, Pag-IBIG Fund shall automatically deduct the outstanding balance of the member's housing loan from his TAV regardless of whether the account is in arrears or not. The remaining balance of the member's housing loan, if any, shall be paid by the borrower in full, or under a revised amortization scheme for a period not longer than the remaining term of the original loan.
Borrower/s who opt to amortize the loan balance shall be required to continue paying monthly membership contribution in accordance with the terms and conditions of the

LIST OF REQUIRED DOCUMENTS

IDENTIFY REASON FOR MEMBER'S CLAIM AND TRACE DOWNWARD DOCUMENTS REQUIRED THROUGH "X" MARKS

SEPARATION FROM SERVICE BY REASON OF HEALTH MEMBERSHIP MATURITY RETIREMENT TOTAL DISABILITY/INSANITY PERMANENT DEPARTURE FROM THE PHILIPPINES DEATH					IMPORTANT:
					CERTIFICATE OF LOAN AMORTIZATION (CLA), if any
					CERTIFICATE OF REMITTANCE/MEMBER'S PASSBOOK (For Overseas Workers)
					SPECIAL POWER OF ATTORNEY (HDMF P1-8), if member cannot claim personally
					SERVICE RECORD, for government employee
					AFFIDAVIT OF GUARDIANSHIP (HDMF P1-2), for minor children or for physically/mentally incompetent member
					CERTIFIED TRUE COPY OF MEMBER'S BIRTH CERTIFICATE
					PHYSICIAN'S STATEMENT OF INSANITY/TOTAL DISABILITY (HDMF P1-5)
					PHOTOCOPY OF IMMIGRATION VISA
					GSIS RETIREMENT APPROVAL/RETIREMENT VOUCHER (For government employee)
					ORDER OF RETIREMENT (For AFP personnel)
					NOTARIZED CERTIFICATE OF RETIREMENT/SSS CHECK & VOUCHER (For private employee)
					CERTIFIED TRUE COPY OF DEATH CERTIFICATE ISSUED BY LOCAL CIVIL REGISTRAR
					CERTIFIED TRUE COPY OF BIRTH CERTIFICATE OF CHILDREN
					PROOFS OF SURVIVING LEGAL HEIRS (HDMF P1-6)
					CERTIFIED TRUE COPY OF MEMBER'S MARRIAGE CONTRACT/CERTIFICATE ISSUED BY LOCAL CIVIL REGISTRAR, if member is married
					SWORN DECLARATION OF INTENTION TO DEPART FROM THE PHILIPPINES PERMANENTLY (HDMF P1-9)
					SWORN EMPLOYER'S CERTIFICATION THAT SAID EMPLOYEE WAS SEPARATED FROM THE SERVICE BY REASON OF ILLNESS INDICATED IN THE PHYSICIAN'S CERTIFICATE
					OTHERS

Pag-IBIG FUND RESERVES THE RIGHT TO REQUIRE ADDITIONAL DOCUMENTS IF DEEMED NECESSARY