



# MEMBER'S CHANGE OF INFORMATION

*For Change/Correction of Name or Change of Status/Beneficiaries*

HDMF  
**M2-2**

### INSTRUCTIONS

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Type or print all entries.</li> <li>2. Accomplish this form in two (2) copies. The original and the second copy of this form should be coursed thru your employer for submission to Pag-IBIG Fund - NCR Branch/Regional or Extension Office.</li> <li>3. For change in name and/or civil status because of marriage, submit a copy of Marriage Contract, for change in name (<i>for reason other than marriage</i>), submit a certified true copy of "Court Order" or Birth Certificate.</li> </ol> | <ol style="list-style-type: none"> <li>1. Imakinilya o ilimbag ang bawat sagot.</li> <li>2. Isagawa ito sa dalawang (2) kopya. Ang una at pangalawang kopya ay ibigay sa tagapag-empleyo upang ito ay maipadala sa Pag-IBIG Fund -NCR Branch/Regional or Extension Office.</li> <li>3. Kung ang pagbabago ay sa pangalan or sa "Civil Status" dahil sa pag-aasawa, magbigay ng kopya ng "Marriage Contract", kung ang pagbabago sa pangalan ay hindi dahil sa pag-aasawa, magbigay ng kopya ng "Certified True Copy" ng "Court Order" o Birth Certificate.</li> </ol> |
|---|---|

BEFORE			PRESENT		
LAST NAME	FIRST NAME	MIDDLE NAME	LAST NAME	FIRST NAME	MIDDLE NAME

CHANGE OF BENEFICIARY/IES			
NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	<b>FOR HDMF USE ONLY</b>												
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"> </td> <td style="width: 20%; border-bottom: 1px solid black;"> </td> <td style="width: 50%; border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">SIGNATURE OF MEMBER</td> <td style="text-align: center;">DATE</td> <td style="text-align: center;">HDMF ID No.</td> </tr> </table>				SIGNATURE OF MEMBER	DATE	HDMF ID No.	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Received by _____</td> <td style="width: 40%;">Date _____</td> </tr> <tr> <td>Processed by _____</td> <td>Date _____</td> </tr> <tr> <td>Rectified by _____</td> <td>Date _____</td> </tr> </table>	Received by _____	Date _____	Processed by _____	Date _____	Rectified by _____	Date _____
SIGNATURE OF MEMBER	DATE	HDMF ID No.											
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**THIS FORM CAN BE REPRODUCED. NOT FOR SALE**