



Pag-IBIG APPLICATION FOR PROVIDENT BENEFITS (APB) CLAIM

(TYPE OR PRINT ALL ENTRIES)

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

CLAIM FILE NO.
RECEIVED BY _____ DATE _____

NAME OF MEMBER (Last Name, First Name, Name Ext., Middle Name)		Pag-IBIG ID No.	FOR AFP EMPLOYEE	FOR DECS EMPLOYEE		
ADDRESS OF MEMBER		TELEPHONE NO.	CELL PHONE NO.	TIN		
DATE OF BIRTH (Month, Day, Year)	GENDER	CIVIL STATUS	NAME OF SPOUSE (If married)			
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		HL Account No.		
NAME OF CLAIMANT, if other than Member (Family Name, First Name, Name Ext., Middle Name)				RELATIONSHIP TO MEMBER		
ADDRESS OF CLAIMANT (Leave blank if same as member)			TELEPHONE NO.	CELL PHONE 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 BENEFITS CLAIM PROCEEDS TO MY PAYROLL BANK ACCOUNT THAT I HAVE INDICATED AT THE RIGHT PORTION OF THIS FORM. FURTHERMORE, I HEREBY WAIVE MY RIGHTS UNDER R.A. NO. 1405 AND AUTHORIZE Pag-IBIG FUND TO VERIFY/VALIDATE MY PAYROLL BANK ACCOUNT NUMBER.

SIGNATURE OF APPLICANT

MEMBER'S PAYROLL BANK ACCOUNT NO.									
NAME OF BANK AND BRANCH (Where member maintains payroll bank account)									
BANK ADDRESS									

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD THE CONTENTS HEREOF, INCLUDING THE GUIDELINES AND INSTRUCTIONS INDICATED AT THE BACK PORTION OF THIS FORM. I FURTHER CERTIFY UNDER PAIN OF PERJURY THAT ALL INFORMATION I HAVE INDICATED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT MY SIGNATURE AND THUMBMARK ARE GENUINE AND AUTHENTIC. I LIKEWISE UNDERSTAND THAT THE PROCESSING OF THIS APPLICATION IS SUBJECT TO PERTINENT PROVISIONS OF THE IMPLEMENTING RULES AND REGULATIONS OF THE Pag-IBIG FUND. IN THE EVENT OF ANY OUTSTANDING Pag-IBIG LOAN, Pag-IBIG FUND IS HEREBY AUTHORIZED TO WITHHOLD, IN WHOLE OR IN PART, THE PROVIDENT BENEFIT SUBJECT OF THIS CLAIM, AND APPLY THE SAME AS PAYMENT TO THE SAID LOAN AS WELL AS OTHER OBLIGATIONS DUE TO THE Pag-IBIG FUND AS OF THE DATE OF THIS APPLICATION.

SIGNATURE OF MEMBER/CLAIMANT/
AUTHORIZED REPRESENTATIVE

LEFT THUMBMARK	RIGHT THUMBMARK

EMPLOYER CERTIFICATION
I hereby certify under pain of perjury that the employee named herein is employed by us for the period stated above and is a registered Pag-IBIG member. I further certify that the member's payroll bank account number and name of bank and branch indicated herein are true and correct.

HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE
Signature Over Printed Name

DESIGNATION

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

CLAIMS/LOAN VERIFICATION							
PARTICULARS	NONE	WITH	DETAILS			VERIFIED BY	DATE
PROVIDENT BENEFITS CLAIM			DV/CHECK NO.	DATE FILED			
Pag-IBIG LOANS AVAILED			DV NO.	CHECK NO.	OUTSTANDING BALANCE		
MULTI-PURPOSE/ CALAMITY LOAN							
HOUSING LOAN			HL Account No.	TAKEOUT DATE	OUTSTANDING BALANCE		

REASON FOR CLAIM (Check appropriate box)				MEMBERSHIP CATEGORY (Check appropriate box)			
<input type="checkbox"/> MEMBERSHIP MATURITY	<input type="checkbox"/> SEPARATION DUE TO HEALTH REASONS	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OPTIONAL WITHDRAWAL	<input type="checkbox"/> PERMANENT DEPARTURE FROM THE COUNTRY	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> COOPERATIVE/TRADE ASSOCIATION
<input checked="" type="checkbox"/> RETIREMENT	<input type="checkbox"/> DEATH	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> NON-WORKING SPOUSE	Effective Date of Retirement _____	Last Day of Service _____		
<input type="checkbox"/> TOTAL	Date of Death _____			Nature of Illness _____			

PAYEE/S

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

GUIDELINES AND INSTRUCTIONS

A. When to File

The Application for Provident Benefits Claim 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 1st day of the month to which the member's initial contribution to the Fund applies, provided that the member have actually contributed a total of 240 monthly contributions to the Fund at the time of maturity;
2. **Optional Withdrawal of Pag-IBIG Savings - allowed for members who registered under R.A. No. 7742, as well as members who voluntarily joined the Fund under E.O. No. 90. Partial withdrawal of savings may be made after 10 or 15 years of continuous membership from January 1995, provided a member has no outstanding loan with the Fund. This option may be exercised only once during the membership term;**
3. 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;
4. Total Disability or Insanity – loss or impairment of a physical or mental function 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 **due to health reasons**;
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. 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 **Application for Provident Benefits (APB) Claim** is filed by an authorized representative, the Special Power of Attorney (FPC014) and the identification cards of both **the member and his/her representative/s** shall be presented and/or submitted.

C. Payment of Benefits

1. Amount

The Provident Benefits of a member shall consist of his Total Accumulated Value (TAV), which includes the member's 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. Application of TAV

In the event of membership termination, the outstanding balance of the member's Short-Term Loan (STL) shall be deducted from his TAV. Likewise, the outstanding balance of the member's housing loan shall be deducted from his TAV, **unless the guidelines prevailing at the time of loan takeout provided otherwise.**

Borrower/s who opt to **continue amortizing** the housing loan balance shall be required to continue paying the monthly membership contribution in accordance with the terms and conditions of the Promissory Note with Loan and Mortgage Agreement (PN w/ LMA)/LMA until the loan obligation is fully settled.

For accounts taken out under the UHLP Multi-Window Lending System, the following shall apply:

- a. Upon termination of the borrower's membership which entitles him to the benefits as provided for under the rules of the SSS, GSIS, and Pag-IBIG, the TAV to be received by the borrower shall be applied to his outstanding housing loan.

In case of death, the provision of the borrower's Mortgage Redemption Insurance (MRI) shall apply, and if an unpaid balance remains, the borrower's TAV or death benefits shall be applied in payment thereof, subject to the existing policies, rules and regulations.

- b. Upon the occurrence of an event of default, the lending window or its assignee/transferee may apply any of the borrower's funds in the possession of the lending window or its assignee/transferee in full or partial payment of the borrower's obligations as stated in the LMA and Promissory Note.

For this purpose, the LMA provides further that the borrower authorizes the lending window or its assignee/transferee to secure and apply without prior notice to the borrower any fund belonging to him in the possession or control of the lending window or its assignee/transferee.

3. Manner of Payment

For claims due to membership maturity, the benefits shall be paid either by check directly to the member or deposited to the member's payroll bank account.

For claims other than membership maturity, the benefits shall be made 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 release after receipt of the unremitted contributions.

LIST OF REQUIRED DOCUMENTS

REQUIREMENTS	MM	OW	R	SS	TD	PD	D	Remarks
1. Certified True Copy of Member's Birth Certificate issued by the National Statistic Office (NSO)			X				X	
2. Notarized Certificate of Early Retirement/SSS Retirement Voucher (For private employee)			X					
3. GSIS Retirement Voucher (For government employee)			X					
4. Order of Retirement (For AFP, Phil. Navy & Phil. Army personnel)			X					
5. Updated Service Record	X	X	X	X	X	X		
6. Physician's Certificate/Statement of Total Disability/Insanity				X	X			
7. Notarized Sworn Employer's Certification that the Member was separated from service due to health reasons				X				
8. Latest/updated SSS Disability Voucher				X	X			
9. Compulsory Disability Discharge (CDD) Order (For AFP, Phil. Navy & Phil. Army personnel)					X			
10. Photocopy of Passport and Immigration Visa						X		
11. Notarized Sworn Declaration of Intention to Depart from the Philippines Permanently						X		
12. Photocopy of Passport & Resident Alien Card (For citizens/residents)						X		
13. Certified True Copy of Member's Death Certificate							X	
14. Certified True Copy of Member's Marriage Contract (If married)							X	
15. Certified True Copy of Birth Certificate of all Children, if any							X	
16. Proofs of Surviving Legal Heirs							X	
17. Affidavit of Guardianship (For minor children or physically/mentally incompetent member)							X	
18. Funeral Receipt							X	
19. Special Power of Attorney (If member cannot claim personally)	X	X	X	X	X	X	X	
20. Valid ID card with signature and photo		X	X	X	X		X	
22. Certification of Foreclosure/Dacion En Pago issued by the Foreclosure Department (If applicable)								
23. Others _____								

Pag-IBIG Fund reserves the right to request additional documents if deemed necessary.

IMPORTANT:

1. PROCESSING OF CLAIMS WILL COMMENCE ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS.
2. IN ALL INSTANCES WHEREIN PHOTOCOPIES ARE SUBMITTED, THE ORIGINAL **DOCUMENTS SHALL BE PRESENTED FOR AUTHENTICATION.**

LEGEND:

MM	- Membership Maturity	SS	- Separation from the Service due to Health Reasons	PD	- Permanent Departure from the Country
OW	- Optional Withdrawal	TD	- Total Disability/Insanity	D	- Death
R	- Retirement				

SPECIFICATIONS

APPLICATION FOR PROVIDENT BENEFITS

FORM CODE	:	HDMF P1-1a
SIZE	:	8 1/2" x 14"
MATERIAL	:	Bond, white, subs. 20
PROCESS	:	Offset, back to back printing
COLOR	:	One color print, black
CONSTRUCTION	:	Padded at 100 sheets per pad