

MODIFIED Pag-IBIG II ENROLLMENT FORM



INSTRUCTIONS

1. Type or print all entries in BLOCK or CAPITAL LETTERS.
2. Submit this form and present at least one (1) valid ID.

FOR Pag-IBIG FUND USE ONLY

MP2 ACCOUNT NUMBER

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	NO MIDDLE NAME <input type="checkbox"/>	Pag-IBIG MID No. (If applicable)
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name					DATE OF BIRTH
Subdivision		Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
EMPLOYER/BUSINESS NAME (If applicable)					CONTACT DETAILS COUNTRY+AREA CODE TELEPHONE NO. Home
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name					Cell Phone Number
Subdivision		Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
					Email Address

AUTHORITY TO DEDUCT (For locally-employed members)	PREFERRED DIVIDEND PAYOUT
<p>THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MONTHLY SAVINGS IN THE AMOUNT OF _____ (P_____) FROM MY SALARY AND REMIT THE SAME TO Pag-IBIG FUND.</p> <p>_____ SIGNATURE OVER PRINTED NAME</p>	<p><input type="checkbox"/> ANNUAL <input type="checkbox"/> COMPOUNDED</p> <p>IF ANNUAL, I HEREBY AUTHORIZE Pag-IBIG FUND TO CREDIT MY ANNUAL DIVIDEND PAYOUT THROUGH MY PAYROLL ACCOUNT/ DISBURSEMENT CARD OR DEPOSIT TO MY BANK ACCOUNT INDICATED BELOW:</p> <p>_____ PAYROLL/DISBURSEMENT CARD/BANK ACCOUNT NUMBER</p> <p>_____ NAME OF BANK/BRANCH</p>

MODIFIED Pag-IBIG II ENROLLMENT FORM



INSTRUCTIONS

1. Type or print all entries in BLOCK or CAPITAL LETTERS.
2. Submit this form and present at least one (1) valid ID.

FOR Pag-IBIG FUND USE ONLY

MP2 ACCOUNT NUMBER

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	NO MIDDLE NAME <input type="checkbox"/>	Pag-IBIG MID No. (If applicable)
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name					DATE OF BIRTH
Subdivision		Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
EMPLOYER/BUSINESS NAME (If applicable)					CONTACT DETAILS COUNTRY+AREA CODE TELEPHONE NO. Home
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name					Cell Phone Number
Subdivision		Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
					Email Address

AUTHORITY TO DEDUCT (For locally-employed members)	PREFERRED DIVIDEND PAYOUT
<p>THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MONTHLY SAVINGS IN THE AMOUNT OF _____ (P_____) FROM MY SALARY AND REMIT THE SAME TO Pag-IBIG FUND.</p> <p>_____ SIGNATURE OVER PRINTED NAME</p>	<p><input type="checkbox"/> ANNUAL <input type="checkbox"/> COMPOUNDED</p> <p>IF ANNUAL, I HEREBY AUTHORIZE Pag-IBIG FUND TO CREDIT MY ANNUAL DIVIDEND PAYOUT THROUGH MY PAYROLL ACCOUNT/ DISBURSEMENT CARD OR DEPOSIT TO MY BANK ACCOUNT INDICATED BELOW:</p> <p>_____ PAYROLL/DISBURSEMENT CARD/BANK ACCOUNT NUMBER</p> <p>_____ NAME OF BANK/BRANCH</p>

TERMS AND CONDITIONS

I hereby certify that I fully understand the program and agree to the following terms and conditions:

1. The MP2 program shall be voluntary for the following:
 - 1.1 All Pag-IBIG I members, regardless of their monthly income; and
 - 1.2 Pensioners, regardless of age, with at least 24 monthly savings prior to retirement.
2. The enrollment under this program shall be solely a savings scheme.
3. The minimum savings is P500.00 which shall be recorded as of payment date. However, should I make a one-time contribution that exceeds P500,000.00, I shall be required to make such payment via personal or Manager's Check.
4. The MP2 account shall be entitled to flexible dividend rates higher than that of Pag-IBIG I which shall be declared after the net income has been computed and approved by the Board of Trustees.
5. I may opt to have an annual dividend payout or compounded dividend earnings.
6. The membership term shall be five (5) years reckoned from date of initial payment of savings under this program.
7. Upon maturity, should I decide to continue my availment of MP2 program, I understand that I need to apply for a new MP2 account. If I did not withdraw upon maturity, I understand that my MP2 savings shall cease to earn dividend provided under MP2 program. Instead, its subsequent dividends shall be based on the rates declared for Pag-IBIG I for the next two (2) years. Thereafter, it shall be reclassified as payable account.
8. Pre-termination or withdrawal of MP2 savings prior to maturity shall be allowed under any of the following circumstances, as applicable:
 - 8.1 Total disability or insanity;

- 8.2 Separation from service by reason of health;
- 8.3 Death of the member or any of his/her immediate family member;
- 8.4 Retirement;
- 8.5 Permanent departure from the country;
- 8.6 Distressed member due to unemployment limited to layoff and/or closure of company;
- 8.7 Critical illness of the member or any of his immediate family members, as defined under pertinent Guidelines, as certified by a licensed physician under of the following categories, subject to approval:
 - Cancer;
 - Organ Failure;
 - Heart-related illness;
 - Stroke;
 - Neuromuscular-related illness.
- 8.8 Repatriation of OFW member from host country;
- 8.9 Other meritorious ground as may be approved for by the Board;
- 8.10 Circumstances under Items 8.2, 8.4, 8.6 and 8.8 are exclusively applicable to Pag-IBIG I members.
9. Should I opt to pre-terminate my MP2 membership for reason other than those allowed, I understand that:
 - 9.1 I shall only be entitled to 50% of the total dividend earned as penalty for the pre-termination of MP2 savings; or
 - 9.2 If I opted for the annual dividend payout, I shall only receive my contributions.
10. In case of any change in information, I shall accomplish the Member's Change of Information Form (MCIF) and immediately notify Pag-IBIG Fund.

I further certify under pain of perjury that the information given and any or all statement made herein are true and correct to the best of my knowledge and belief and that my signature appearing herein is genuine and authentic.

SIGNATURE OVER PRINTED NAME

DATE

TERMS AND CONDITIONS

I hereby certify that I fully understand the program and agree to the following terms and conditions:

1. The MP2 program shall be voluntary for the following:
 - 1.1 All Pag-IBIG I members, regardless of their monthly income; and
 - 1.2 Pensioners, regardless of age, with at least 24 monthly savings prior to retirement.
2. The enrollment under this program shall be solely a savings scheme.
3. The minimum savings is P500.00 which shall be recorded as of payment date. However, should I make a one-time contribution that exceeds P500,000.00, I shall be required to make such payment via personal or Manager's Check.
4. The MP2 account shall be entitled to flexible dividend rates higher than that of Pag-IBIG I which shall be declared after the net income has been computed and approved by the Board of Trustees.
5. I may opt to have an annual dividend payout or compounded dividend earnings.
6. The membership term shall be five (5) years reckoned from date of initial payment of savings under this program.
7. Upon maturity, should I decide to continue my availment of MP2 program, I understand that I need to apply for a new MP2 account. If I did not withdraw upon maturity, I understand that my MP2 savings shall cease to earn dividend provided under MP2 program. Instead, its subsequent dividends shall be based on the rates declared for Pag-IBIG I for the next two (2) years. Thereafter, it shall be reclassified as payable account.
8. Pre-termination or withdrawal of MP2 savings prior to maturity shall be allowed under any of the following circumstances, as applicable:
 - 8.1 Total disability or insanity;

- 8.2 Separation from service by reason of health;
- 8.3 Death of the member or any of his/her immediate family member;
- 8.4 Retirement;
- 8.5 Permanent departure from the country;
- 8.6 Distressed member due to unemployment limited to layoff and/or closure of company;
- 8.7 Critical illness of the member or any of his immediate family members, as defined under pertinent Guidelines, as certified by a licensed physician under of the following categories subject to approval:
 - Cancer;
 - Organ Failure;
 - Heart-related illness;
 - Stroke;
 - Neuromuscular-related illness.
- 8.8 Repatriation of OFW member from host country;
- 8.9 Other meritorious ground as may be approved for by the Board;
- 8.10 Circumstances under Items 8.2, 8.4, 8.6 and 8.8 are exclusively applicable to Pag-IBIG I members.
9. Should I opt to pre-terminate my MP2 membership for reason/s other than those allowed, I understand that:
 - 9.1 I shall only be entitled to 50% of the total dividend earned as penalty for the pre-termination of MP2 savings; or
 - 9.2 If I opted for the annual dividend payout, I shall only receive my contributions.
10. In case of any change in information, I shall accomplish the Member's Change of Information Form (MCIF) and immediately notify Pag-IBIG Fund.

I further certify under pain of perjury that the information given and any or all statement made herein are true and correct to the best of my knowledge and belief and that my signature appearing herein is genuine and authentic.

SIGNATURE OVER PRINTED NAME

DATE