



APPLICATION FOR PROVIDENT BENEFITS (APB) CLAIM

FPC010

APPLICATION No. **REASON FOR CLAIM (Check appropriate box)**

<input type="checkbox"/> MEMBERSHIP MATURITY	<input type="checkbox"/> SEPARATION FROM SERVICE DUE TO HEALTH REASONS	<input type="checkbox"/> PERMANENT DEPARTURE FROM THE COUNTRY	<input type="checkbox"/> OTHERS <i>Please Specify</i> _____
<input type="checkbox"/> OPTIONAL WITHDRAWAL	<input type="checkbox"/> TOTAL DISABILITY/INSANITY	<input type="checkbox"/> DEATH	
<input type="checkbox"/> RETIREMENT <i>Effective Date of Retirement</i> _____ <i>Last Day of Service</i> _____	<i>Nature of Illness</i> _____	<i>Date of Death</i> _____	

MEMBERSHIP PROGRAM (Check appropriate box)

<input type="checkbox"/> Pag-IBIG I	<input type="checkbox"/> Pag-IBIG II	<input type="checkbox"/> MODIFIED Pag-IBIG II (MP2)	<input type="checkbox"/> Pag-IBIG OVERSEAS PROGRAM (POP)
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MEMBER'S PERSONAL DETAILS

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)	Pag-IBIG MID No./RTN	TIN
MOTHER'S LAST NAME BEFORE MARRIAGE (For Married Female Only)				MARITAL STATUS	SERIAL/BADGE No. (For AFP/PNP Employee)	DIV.CODE-STATION CODE (For Dep.Ed. Employee)
CLAIMANT, if other than Member (Last Name, First Name, Name Extension, Middle Name)					RELATIONSHIP TO MEMBER	

ADDRESS AND CONTACT DETAILS

MEMBER'S PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name Subdivision					CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER	
Barangay Municipality/City Province/State/Country (if abroad) ZIP Code					Home	
CLAIMANT'S PRESENT HOME ADDRESS (Leave blank if the same as member) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name Subdivision					Cell Phone	
Barangay Municipality/City Province/State/Country (if abroad) ZIP Code					Email Address	

EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)

NAME OF EMPLOYER/BUSINESS	ADDRESS	DATE OF Pag-IBIG MEMBERSHIP	
		FROM (Month/Year)	TO (Month/Year)

AUTHORITY TO CREDIT**AUTHORITY TO TRANSFER***(For matured savings under Pag-IBIG II/Pag-IBIG Overseas Program)*

IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM, I HEREBY AUTHORIZE HDMF TO CREDIT MY CLAIM PROCEEDS THROUGH MY LANDBANK ACCOUNT OR CASH CARD THAT I HAVE INDICATED BELOW:				IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM, I HEREBY AUTHORIZE HDMF TO TRANSFER MY CLAIM PROCEEDS TO MY MP2 ACCOUNT THAT I HAVE INDICATED BELOW:			
LANDBANK ACCOUNT/CASH CARD NO.		BANK'S ADDRESS		MP2 ACCOUNT NO.		AMOUNT TO BE TRANSFERRED <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial Amount P_____	
SIGNATURE OF MEMBER		DATE		SIGNATURE OF MEMBER		DATE	

APPLICATION AGREEMENT

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.

I HEREBY WAIVE MY RIGHTS UNDER R.A. NO. 1405 AND AUTHORIZE Pag-IBIG FUND TO VERIFY/VALIDATE MY PAYROLL BANK ACCOUNT NUMBER.

THUMBMARKS OF MEMBER/CLAIMANT*(If unable to sign)*

LEFT THUMB	RIGHT THUMB
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(To be done in the presence of HDMF Personnel)

MEMBER/CLAIMANT
(Signature over Printed Name)

(Signature over Printed Name of Witness) Date

THIS PORTION IS FOR HDMF USE ONLY**RECEIPT OF APPLICATION**

RECEIVED BY	DATE	REMARKS
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CLAIMS/LOAN VERIFICATION

PARTICULARS	WITH	WITHOUT	DETAILS				VERIFIED BY	DATE
PROVIDENT BENEFITS CLAIM			DV/CHECK NO.	DATE FILED				
Pag-IBIG LOANS AVAILED			DV NO.	CHECK NO.	OUTSTANDING BALANCE	AS OF		
MULTI-PURPOSE/CALAMITY LOAN			HL ACCOUNT NO.	TAKEOUT DATE	OUTSTANDING BALANCE	AS OF		
HOUSING LOAN								
PAYEE/S							REMARKS	

COMPUTATION OF AMOUNT DUE TO MEMBER

DETAILS	AMOUNTS PAYABLE	REMARKS	COMPUTED BY	DATE
EMPLOYEE'S/MEMBER'S TOTAL CONTRIBUTION	<input type="checkbox"/>			
EMPLOYER'S TOTAL CONTRIBUTION				
TOTAL DIVIDENDS EARNED			REVIEWED BY	DATE
TOTAL ACCUMULATED VALUE (TAV)	<input type="checkbox"/>			
LESS: OUTSTANDING LOAN BALANCE			APPROVED BY	DATE
NET AMOUNT	<input type="checkbox"/>			
DEATH BENEFIT			DISAPPROVED BY	DATE
TOTAL AMOUNT DUE TO MEMBER	<input type="checkbox"/>			

GUIDELINES AND INSTRUCTIONS

A. When to File

The Application for Provident Benefits Claim (APB [FPC010]) 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 has 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. **For members who registered under R.A. No. 9679 shall have the option to withdraw his or her Total Accumulated Value (TAV) on the fifteenth (15th) year of continuous membership.** 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;
5. Separation from the service due to health reasons;
6. Permanent Departure from the Philippines;
7. 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 or Loan and Mortgage Agreement (PN/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 released after receipt of the unremitted contributions.

LIST OF REQUIRED DOCUMENTS

REQUIREMENTS	MM	OW	R	SS	TD	PD	D	Remarks
1. Notarized Certificate of Early Retirement (For Private Employee, at least 45 years old)			X					
2. Updated Service Record (For Government Employee)	X	X	X	X	X			
3. Any of the following: (For Private/Government Employee)			X					
▪ National Statistic Office (NSO) Certified True Copy of Member's Birth Certificate*								
▪ SSS Retirement Voucher (For Private Employee)/GSIS Retirement Voucher (For Government Employee)								
▪ Valid ID card with photo and signature or 2 valid ID cards stating date of birth								
4. Order of Retirement			X					
5. Updated Statement of Service			X		X			
6. Statement of Last Payment			X		X			
7. Physician's Certificate/Statement				X				
8. Notarized Sworn Employer's Certification that the Member was separated from service due to health reasons				X				
9. Latest SSS Disability Voucher (For Private Employee)				X				
10. Physician's Certificate or Statement of Insanity					X			
11. SSS Total Disability Voucher					X			
12. Compulsory Disability Discharge (CDD) Order (For AFP, Phil. Navy & Phil. Army Personnel)					X			
13. Photocopy of Passport						X		
14. Notarized Sworn Declaration of Intention to Depart from the Philippines Permanently [FPC013]						X		
15. Any of the following:						X		
▪ Immigrant Visa; or ▪ Settlement Visa; or								
▪ Residence Visa; or ▪ Such other equivalent document depending on the issuing country								
16. NSO Certified True Copy of Member's Death Certificate							X	
17. Notarized Proof of Surviving Legal Heirs [FPC011]							X	
18. To establish kinship to the deceased member, the claimant shall submit any of the following:							X	
▪ NSO Certified True Copy of Member's/Claimant's Birth Certificate; or								
▪ NSO Certified True Copy of Member's Marriage Contract (If member is married); or								
▪ Certified True Copy of Member's/Claimant's Baptismal/Confirmation Certificate								
▪ Certificate of No Marriage (CENOMAR) (For Single Only)								
19. NSO Certified True Copy of Birth Certificate* of all Children (if any) or Baptismal/Confirmation Certificate							X	
20. Notarized Affidavit of Guardianship (For children 18 years old and below, or physically/mentally incompetent) [FPC012]							X	
21. Funeral Receipt							X	
22. Two (2) valid ID cards with signature and photo of claimant	X	X	X	X	X	X	X	
23. POP Passbook (For POP Members only)	X							
24. Special Power of Attorney [FPC014] (If member cannot claim personally)	X	X	X	X	X	X		
25. Certification of Foreclosure/Dacion En Pago issued by the Foreclosure Department (If applicable)								
26. *NSO Certified True Copy of Non-Availability of Birth Record of Member together with any of the ff:			X				X	
▪ Notarized Joint Affidavit of Two (2) Disinterested Persons [FPC015]; or								
▪ Photocopy of two (2) valid ID cards or any document indicating member's date of birth								
27. 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	R - Retirement	TD - Total Disability/Insanity
	OW - Optional Withdrawal	SS - Separation from the Service Due to Health Reason	PD - Permanent Departure from the country
			D - Death