



MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

Pag-IBIG MID NUMBER

| | | | | | | | | | | | | | | | | | | | |
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INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Accomplish the applicable portions to be changed only.
3. Type or print all entries in BLOCK/CAPITAL LETTERS.
4. This form shall be submitted to any of the following:
 - a) Thru Employer, if employed
 - b) Thru on-line
 - c) Thru Pag-IBIG NCR/Regional branch.

REQUIREMENTS

1. For change of name and/or marital status because of marriage, submit photocopy of Marriage Contract with registry number.
2. For correction/change of name and/or marital status for reason other than marriage, submit certified true copy of Birth Certificate issued by the National Statistics Office (NSO), Court Order or Death Certificate of the deceased spouse, whichever is applicable.
3. For correction of date of birth, submit certified true copy of Birth Certificate issued by the National Statistics Office (NSO).
4. For updating of beneficiaries, submit certified true copy of Birth Certificate of the additional beneficiary/ies issued by the National Statistics Office (NSO) to establish relationship with the member.

CHECK APPROPRIATE BOX ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. CORRECTION OF NAME | <input type="checkbox"/> 3. CHANGE OF MARITAL STATUS | <input type="checkbox"/> 5. UPDATING OF HEIRS |
| <input type="checkbox"/> 2. CORRECTION OF DATE OF BIRTH | <input type="checkbox"/> 4. CHANGE OF FREQUENCY OF MC PAYMENT | <input type="checkbox"/> 6. CHANGE OF ADDRESS/CONTACT DETAILS |

| LAST NAME | FIRST NAME | NAME EXTENSION (e.g., jr., II, etc.) | MIDDLE NAME | NO MIDDLE NAME (Check if applicable only) |
|-----------|------------|--------------------------------------|-------------|--|
| | | | | <input type="checkbox"/> |

1. CORRECTION OF NAME

| | |
|------|----|
| FROM | TO |
|------|----|

2. CORRECTION OF DATE OF BIRTH

| | |
|------|----|
| FROM | TO |
|------|----|

3. CHANGE OF MARITAL STATUS

| | | |
|--|--|----|
| <input type="checkbox"/> Due to marriage | <input type="checkbox"/> Other Reason (Please specify) _____ | TO |
| FROM | | |

4. CHANGE OF FREQUENCY OF MC PAYMENT

| | |
|------|--|
| FROM | TO |
| | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually |

5. UPDATING OF HEIRS (Please use separate sheet, if necessary)

| LAST NAME | FIRST NAME | NAME EXTENSION (e.g., jr., II, etc.) | MIDDLE NAME | NO MIDDLE NAME (Check if applicable only) | DATE OF BIRTH (mm/dd/yyyy) | RELATIONSHIP | ADDITION | DELETION |
|-----------|------------|---|-------------|--|-------------------------------|--------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

6. CHANGE OF ADDRESS/CONTACT DETAILS (Please accomplish portions to be changed only)

| | | | | | | | | |
|-------------------------------|-------------------|------------------------------------|----------|-------------|-------------|--|-------|--|
| PRESENT HOME ADDRESS | | | | | | <i>(Indicate country code if abroad)</i> COUNTRY+AREA CODE TELEPHONE NUMBER | | |
| Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No | Street Name | Subdivision | Home | | |
| Barangay | Municipality/City | Province/State/Country (if abroad) | | ZIP Code | | Cellphone | | |
| PERMANENT HOME ADDRESS | | | | | | Business (Direct Line) | | |
| Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No | Street Name | Subdivision | | | |
| Barangay | Municipality/City | Province/State/Country (if abroad) | | ZIP Code | | Business (Trunkline) | Local | |
| | | | | | | Email Address | | |

CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF MEMBER

DATE

FOR Pag-IBIG FUND USE ONLY

| | | | | |
|--|--|------|-------------|------|
| DOCUMENTS SUBMITTED | RECEIVED BY | DATE | APPROVED BY | DATE |
| <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Contract <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Court Order <input type="checkbox"/> Others (Please specify) _____ | | | |