MEMBER'S CONTRIBUTION
REMITTANCE FORM (MCRF)

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK.

<table>
<thead>
<tr>
<th>EMPLOYER/BUSINESS NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER/BUSINESS ADDRESS</td>
</tr>
<tr>
<td>Unit/Room No., Floor</td>
</tr>
<tr>
<td>Subdivision</td>
</tr>
</tbody>
</table>

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<tr>
<th>Pag-IBIG MID No./RTN</th>
<th>ACCOUNT NO</th>
<th>MEMBERSHIP PROGRAM</th>
<th>NAME OF MEMBERS</th>
<th>PERIOD COVERED</th>
<th>MONTHLY COMPENSATION</th>
<th>MEMBERSHIP CONTRIBUTIONS</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Name Ext. (Jr., Il., etc.)</td>
<td>Middle Name</td>
<td></td>
<td></td>
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</tbody>
</table>

TOTAL FOR THIS PAGE

GRAND TOTAL (If last page)

EMPLOYER CERTIFICATION

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

HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE
(Signature Over Printed Name)

DESIGNATION/POSITION

DATE

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

(Revised 7/2012)
GUIDELINES AND INSTRUCTIONS

a. Type or print all entries in BLOCK or CAPITAL LETTERS.
b. Accomplish this form in a readable font when making remittances to Pag-IBIG Fund or to any authorized collecting agent based on the following payment schedule:

<table>
<thead>
<tr>
<th>Schedule of Payments</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer/Business Name</td>
<td>A to D</td>
</tr>
<tr>
<td></td>
<td>E to L</td>
</tr>
<tr>
<td></td>
<td>M to O</td>
</tr>
<tr>
<td></td>
<td>R to Z</td>
</tr>
</tbody>
</table>

c. For employers with branch offices, please prepare separate Membership Contributions Remittance Form (MCRF, [HOP-PFF-053]) for each branch indicating therein their respective addresses.
d. A separate MCRF should be accomplished per type of payment (whether cash or check payment) and in case Credit Memo shall be applied as payment to the Fund.
e. RATE OF MEMBERSHIP CONTRIBUTIONS (MC)

<table>
<thead>
<tr>
<th>MONTHLY COMPENSATION CONTRIBUTION RATE (BASIC + COLA)</th>
<th>CONTRIBUTION RATE</th>
</tr>
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<tbody>
<tr>
<td>P1,500.00 and below</td>
<td>1% 2% 3%</td>
</tr>
<tr>
<td>Over P1,500.00</td>
<td>2% 2% 4%</td>
</tr>
</tbody>
</table>

The maximum Monthly Compensation to be used in computing the employee and employer contributions shall not be more than 5,000.00.

A member may contribute more than what is required, however the employer shall only be mandated to contribute two percent (2%) of the monthly compensation of the member as counterpart contribution. In case the member increases his/her monthly membership contribution, the employer shall have the option to match said increase or to contribute only what is required.

f. Membership contribution payments to be remitted should be equal to the total amount remitted provided he satisfy all the conditions required.

g. Employers with over remittance from previous payments shall be issued with a Notice of Overpayment and Credit Memo. For remittances previously made for employees for whom remittances should not have been made, the employer shall request a refund subject to the Fund's verification and approval. The request shall be made not later than six (6) months from the time said remittance was made.

h. Employers who shall remit on or before the due date as evidenced by the validated Membership Contribution Remittance Form (MCRF) or Pag-IBIG Fund Receipt shall be entitled to an incentive fee equivalent to 0.2% of the amount remitted provided he satisfy all the conditions required.

i. Failure or refusal of the Employer to pay or to remit the contributions herein prescribed shall not prejudice the right of the covered employees to the benefits under the Fund. Such Employer shall be charged a penalty equivalent to 1/10 of 1% per day of delay of the amount due starting on the first day immediately following the due date until the date of full settlement.

j. Indicate the grand total amount due and employer contributions per page

k. Failure or refusal of the Employer to pay or to remit the contributions herein prescribed shall not prejudice the right of the covered employees to the benefits under the Fund. Such Employer shall be charged a penalty equivalent to 1/10 of 1% per day of delay of the amount due starting on the first day immediately following the due date until the date of full settlement.

1. Pag-IBIG Employer's ID No. - assigned Pag-IBIG Employer's ID Number.

2. Employer/Business Name - per DTI/SEC Registration.

3. Employer/Business Address - Include Unit/Room No., Floor, Building Name or Lot No., Block No., Phase No. or House No. and Street Name, Subdivision, Barangay, Municipality/City, Province, and ZIP Code.

4. Pag-IBIG MID No./RTN - indicate the member's assigned Pag-IBIG Membership Identification (MID) Number or Registration Tracking Number (RTN).

5. Account No. - indicate the member's assigned Account Number per Membership Program.

NOTE: In accomplishing the Account Number column, for Pag-IBIG I contributions, indicate MID Number or RTN; for Pag-IBIG II, indicate the assigned Account Number; for MP2, indicate the system-generated Account Number provided after successful enrollment.

6. Membership Program - indicate if MC remittance is for Pag-IBIG I, Pag-IBIG II or Modified Pag-IBIG II program.

7. Name of Members - indicate member's complete name in the following format: Last Name, First Name, Name Extension (Jr., III, etc.), Middle Name

8. Period Covered - indicate the applicable month and year of MC remittance in the following format (YYYYMM).

9. Monthly Compensation - refer to the basic salary and other allowances, where basic salary includes, but is not limited to, fees, salaries, wages, and similar items received in a month. Accomplish this portion only when remitting the member's initial membership contribution or if there are changes in monthly compensation of the member.

10. Membership Contributions - indicate the amount of employee contributions under column (10), the amount of employer contributions under column (11) and the total amount of employee and employer contributions under (12). Do not round-off nor drop cents.

11. Remarks - accomplish this portion only to report changes in the employee/member's employment status and to update any information regarding the employee/member. Indicate the appropriate code and effectivity date in the following format (mm/dd/yy) on the space provided for. Please refer to the following codes and examples:

N - Newly Hired
L - Leave Without Pay/AWOL
RS - Resigned/Separated
RT - Retired
D - Deceased
O - Others, please specify reason

Examples
N: 1/4/2012
L: 1/21/2012
RS: 3/9/2012
RT: 4/14/2012

12. Indicate the total amount due and employer contributions per page

13. Indicate the grand total amount due and employer contributions if this is the last page.

14. Employer Certification - to be accomplished and duly signed by the Head of Office/Authorized Representative.