



(e) Brothers and sisters in the absence of persons called for in items (b), (c) and (d) above. (Use another sheet if necessary)

	<b>Name of Brother/Sister</b>	<b>Age</b>	<b>Address</b>	<b>Guardian of Minors</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

(f) Children of deceased brother/s and sister/s. (State age, address and guardian of minors). This is required only in the absence of items (b), (c) and (d) above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(g) Other relatives. (State relationship to deceased)

\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby make/s claim to the Pag-IBIG Fund Provident Benefits Claim/Insurance Claim of the deceased \_\_\_\_\_ and declare, confirm, affirm and agree that the written statements and affidavits and all other papers called for the instructions hereon shall constitute declaration, confirmation and affirmation and they are hereby made a part of this Proof of Surviving Legal Heirs and further declare, confirm, affirm and agree that the furnishing of this form or any other forms supplemented thereto, to said Pag-IBIG Fund shall not constitute nor be considered an admission by the Pag-IBIG Fund that the deceased is entitled to the Provident Benefits Claim/Insurance Claim under PD 1530 (As amended by Executive Order Nos. 527 and 538), PD 1752 (As amended by Executive Order Nos. 35 and 90, and Republic Act No. 7742), and RA 9679; nor a waiver of any of its right or defenses.

_____	_____	_____
<b>CLAIMANT</b>	<b>CLAIMANT</b>	<b>CLAIMANT</b>
ID No. _____	ID No. _____	ID No. _____
Valid until _____	Valid until _____	Valid until _____

With my marital consent:

_____	_____	_____
<b>SPOUSE</b>	<b>SPOUSE</b>	<b>SPOUSE</b>