

## REQUEST TO UPGRADE MEMBERSHIP SAVINGS (MS)

I, (                    Name of Member                    ), with Pag-IBIG MID No.                      hereby authorize, (          Employer/Business Name          ) to deduct and remit, over and above my mandatory Pag-IBIG Fund Membership Savings (MS), the additional amount of (          Amount in Words          ) (P           ) from my monthly salary beginning (  Date  ).

It is understood that the authority to deduct and remit my upgraded MS shall continue to be effective for the entire duration of my employment unless sooner revoked in writing.

In case of revocation, (          Employer/Business Name          ) shall continue to deduct and remit the mandatory MS due as required under existing Pag-IBIG Fund Laws.

\_\_\_\_\_  
Signature over Printed Name

### CONFORME:

\_\_\_\_\_  
Signature over Printed Name  
and Designation of Authorized  
Signatory