



APPLICATION FOR PROVIDENT BENEFITS CLAIM

Release of Remaining Membership Savings (MS) or Residual Total Accumulated Value (RTAV)

HQP-PFF-351
(V04, 04/2023)

INSTRUCTIONS

1. This form shall be accomplished in one (1) copy.
 2. Type or print all entries in BLOCK or CAPITAL LETTERS.
 3. Submit the duly accomplished form together with a photocopy of one (1) valid ID to any Pag-IBIG Branch nearest you.
 4. If through an authorized representative, submit the application form, authorization letter and photocopies of valid IDs of both parties.
- Note: In all instances wherein photocopies are submitted, the original copy must be presented for authentication.*

TYPE OF CLAIM	
<input type="checkbox"/> Remaining Pag-IBIG I (P1) Membership Savings (MS) <input type="checkbox"/> Remaining Modified Pag-IBIG II (MP2) Savings <input type="checkbox"/> Dividends Earned	
MEMBER'S NAME (Last Name, First Name, Name Extension (e.g. Jr., II), Middle Name)	Pag-IBIG MID NO.
MEMBER'S PRESENT HOME ADDRESS	MODIFIED Pag-IBIG II (MP2) ACCOUNT NO. (as applicable)
EMPLOYER/BUSINESS NAME	MEMBER/CLAIMANT CONTACT DETAILS COUNTRY + AREA CODE TELEPHONE NUMBER
EMPLOYER/BUSINESS ADDRESS	Home <input style="width: 100%;" type="text"/>
CLAIMANT, if other than the Member (Last Name, First Name, Name Extension (e.g. Jr., II), Middle Name)	Cell Phone <input style="width: 100%;" type="text"/>
CLAIMANT'S PRESENT HOME ADDRESS	Email Address <input style="width: 100%;" type="text"/>
_____ SIGNATURE OF MEMBER/CLAIMANT OVER PRINTED NAME DATE	
AUTHORITY TO CREDIT	
IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM - Release of Remaining Membership Savings (MS) or Residual Total Accumulated Value (RTAV), I HEREBY AUTHORIZE Pag-IBIG FUND TO CREDIT MY CLAIM PROCEEDS TO MY PAYROLL ACCOUNT/DISBURSEMENT CARD THAT I HAVE INDICATED BELOW:	
BANK NAME:	PAYROLL ACCOUNT/DISBURSEMENT CARD NO.:
BANK ADDRESS:	SIGNATURE OF MEMBER DATE
<i>Note: Submit photocopy of the front portion of Payroll Account/Disbursement Card.</i>	

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

FIRST RELEASE DATA				
CLAIM FILE NO.	DV/CHECK NO.	DATE	AMOUNT	REMARKS
COMPUTATION OF AMOUNT DUE TO MEMBER				
PROGRAMS	EMPLOYEE'S/MEMBER'S REMAINING MS	EMPLOYER'S REMAINING MS	TOTAL DIVIDEND EARNED	TOTAL AMOUNT PAYABLE
Pag-IBIG I				
MODIFIED Pag-IBIG II				
GRAND TOTAL:				₱
RECEIVED BY:		REVIEWED BY:	APPROVED BY:	

ACKNOWLEDGEMENT RECEIPT

FOR APPLICATION FOR PROVIDENT BENEFITS CLAIM Release of Remaining Membership Savings (MS) or Residual Total Accumulated Value (RTAV)

Member's Name (Last Name, First Name, Name Extension (e.g. Jr., II), Middle Name)	
Claimant, if other than the Member (Last Name, First Name, Name Extension (e.g. Jr., II), Middle Name)	
Received by:	Remarks:
_____ (Signature Over Printed Name) Date	