



(Branch)

APPLICATION FOR THE RELEASE OF MP2 ANNUAL DIVIDENDS

				MP2 Account Number
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	Pag-IBIG MID No.
ADDRESS AND CONTACT DETAILS				
COMPLETE MAILING ADDRESS		CELLPHONE NUMBER	EMAIL ADDRESS	
		HOME TEL. NUMBER	BUSINESS TEL. NUMBER	
<p><i>I hereby authorize Pag-IBIG Fund to credit the annual dividends of my MP2 account, as scheduled, through my Personal Bank Account indicated below for the entire duration/term of my MP2 account:</i></p> <p>Bank Account Number: _____</p> <p>Bank Branch: _____</p> <p>Bank Address: _____</p>				<p>INSTRUCTIONS:</p> <p>1. Type or print all entries in BLOCK or CAPITAL letters.</p> <p>2. Submit this form together with the following requirements:</p> <ul style="list-style-type: none"> ▪ Photocopy of at least two (2) valid IDs ▪ Photocopy of the Personal Bank Account card (front portion of the card only)
_____ SIGNATURE OF APPLICANT OVER PRINTED NAME			_____ DATE	

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE	REVIEWED BY	DATE	APPROVED/DISAPPROVED BY	DATE
_____ <i>Signature over Printed Name</i>	_____	_____ <i>Signature over Printed Name</i>	_____	_____ <i>Signature over Printed Name</i>	_____