



(Branch)

### APPLICATION FOR THE RELEASE OF MP2 ANNUAL DIVIDENDS

				MP2 Account Number
LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	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><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"> <li>Type or print all entries in BLOCK or CAPITAL letters.</li> <li>Submit this form (2 copies) together with the following requirements: <ul style="list-style-type: none"> <li>Valid IDs acceptable to the Fund (1 Photocopy)</li> <li>Personal Bank Account Card (front portion of the card only) or any equivalent document reflecting personal bank account number (1 Photocopy)</li> </ul> </li> </ol>

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



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