

MODIFIED Pag-IBIG II ENROLLMENT FORM



										FOR Pag-IBIG FUND USE ONLY MP2 ACCOUNT NUMBER 5240 2401 7119	
LAST NAME BARRETTO		FIRST NAME ALYANA CLAIRE		NAME EXTENSION		MIDDLE NAME CHUA		NO MIDDLE NAME <input type="checkbox"/>		Pag-IBIG MID No. 1213 0000 1955	
PRESENT HOME ADDRESS <i>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name</i> 649 MAYOR JALDON										DATE OF BIRTH August 06, 1999	
Subdivision CANELAR		Barangay ZAMBOANGA CITY		Municipality/City ZAMBOANGA DEL SUR , PHILIPPINES		Province/State/Country (if abroad)		ZIP Code 7000		CONTACT DETAILS COUNTRY+AREA CODE TELEPHONE NO. Home Cell Phone Number Email Address barrettoaly@gmail.com	
EMPLOYER/BUSINESS NAME (If applicable)											
EMPLOYER/BUSINESS ADDRESS <i>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name</i>											
Subdivision		Barangay		Municipality/City		Province/State/Country (if abroad)		ZIP Code			
SOURCE OF FUNDS <input checked="" type="checkbox"/> EMPLOYMENT INCOME <input type="checkbox"/> LOAN <input type="checkbox"/> MATURITY/SURRENDER OF LIFE POLICY <input type="checkbox"/> SAVINGS/DEPOSITS <input type="checkbox"/> COMPANY SALE <input type="checkbox"/> OTHER INCOME SOURCES <input type="checkbox"/> PROPERTY SALE <input type="checkbox"/> COMPANY PROFITS/DIVIDENDS <input type="checkbox"/> SALE OF SHARE OR OTHER INVESTMENT <input type="checkbox"/> GIFT										PREFERRED DIVIDEND PAYOUT <input type="checkbox"/> ANNUALLY <input checked="" type="checkbox"/> FIVE-YEAR (END TERM)	
FOR LOCALLY-EMPLOYED MEMBERS AUTHORITY TO DEDUCT (Optional) THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MONTHLY SAVINGS IN THE AMOUNT OF ONE THOUSAND PESOS (₱1,000.00) FROM MY SALARY AND REMIT THE SAME TO Pag-IBIG FUND. SIGNATURE OVER PRINTED NAME										MODE OF PAYMENT <input type="checkbox"/> SALARY DEDUCTION <i>(For locally-employed members)</i> <input type="checkbox"/> OVER-THE-COUNTER (OTC) <i>(at any Pag-IBIG Fund Branch)</i> <input checked="" type="checkbox"/> THRU ANY ACCREDITED Pag-IBIG COLLECTING PARTNERS	
TERMS AND CONDITIONS I hereby certify that I fully understand the program and agree to the following terms and conditions: 1. The MP2 program shall be voluntary for the following: 1.1 All Pag-IBIG I members, regardless of their monthly income: and 1.2 Pensioners, regardless of age, with at least 24 monthly savings prior to retirement. 2. The enrollment under this program shall be solely a savings scheme. 3. The minimum savings is P500.00 which shall be recorded as of payment date. However, should I make a one-time contribution that exceeds P500,000.00, I shall be required to make such payment via personal or Manager's Check. 4. The MP2 account shall be entitled to flexible dividend rates higher than that of Pag-IBIG I which shall be declared after the net income has been computed and approved by the Board of Trustees. 5. I may opt to have an annual dividend payout or compounded dividend earnings. 6. The membership term shall be five (5) years reckoned from date of initial payment of savings under this program. 7. Upon maturity, should I decide to continue my availment of MP2 program, I understand that I need to apply for a new MP2 account. If I did not withdraw upon maturity, I understand that my MP2 savings shall cease to earn dividend provided under MP2 program. Instead, its subsequent dividends shall be based on the rates declared for Pag-IBIG I for the next two (2) years. Thereafter, it shall be reclassified as payable account. 8. Pre-termination or withdrawal of MP2 savings prior to maturity shall be allowed under any of the following circumstances, as applicable: 8.1 Total disability or insanity; 8.2 Separation from service by reason of health; 8.3 Death of the member or any of his/her immediate family member; 8.4 Retirement; 8.5 Permanent departure from the country; 8.6 Distressed member due to unemployment limited to layoff and/or closure of company; 8.7 Critical illness of the member or any of his immediate family members, as defined under pertinent Guidelines, as certified by a licensed physician under of the following categories, subject to approval: - Cancer; - Organ Failure; - Heart-related illness; - Stroke; - Neuromuscular-related illness. 8.8 Repatriation of OFW member from host country; 8.9 Other meritorious ground as may be approved for by the Board; 8.10 Circumstances under Items 8.2, 8.4, 8.6 and 8.8 are exclusively applicable to Pag-IBIG I members. 9. Should I opt to pre-terminate my MP2 membership for reason/s other than those allowed, I understand that: 9.1 I shall only be entitled to 50% of the total dividend earned as penalty for the pre-termination of MP2 savings; or 9.2 If I opted for the annual dividend payout, I shall only receive my contributions. 10. In case of any change in information, I shall accomplish the Member's Change of Information Form (MCIF) and immediately notify Pag-IBIG Fund. I further certify under pain of perjury that the information given and any or all statement made herein are true and correct to the best of my knowledge and belief and that my signature appearing herein is genuine and authentic.											
SIGNATURE OVER PRINTED NAME										DATE	

