

MODIFIED Pag-IBIG II ENROLLMENT FORM (MP2EF)



INSTRUCTIONS

- 1. Type or print all entries in BLOCK or CAPITAL LETTERS.
- 2. Submit duly accomplished form together with required supporting documents to any Pag-IBIG Branch.
- 3. In all instances wherein photocopies are submitted, the original or certified true copy of the document must be presented for authentication.

FOR Pag-IBIG FUND USE ONLY

MP2 ACCOUNT NO.

LAST NAME		FIRST NAME		NAME EXTENSION (e.g., Jr., II)		MIDDLE NAME		NO MIDDLE NAME		Pag-IBIG MID NO.	
								<input type="checkbox"/>			
PRESENT HOME ADDRESS										DATE OF BIRTH (mm/dd/yyyy)	
Unit/Room No., Floor										Building Name	
Lot No., Block No., Phase No.										House No.	
Street Name											
Subdivision		Barangay		Municipality/City		Province/State/Country (if abroad)		ZIP Code		MEMBERSHIP CLASSIFICATION	
										<input type="checkbox"/> Active Pag-IBIG I member	
										<input type="checkbox"/> Former Pag-IBIG I member	
										<input type="checkbox"/> Pensioner	
										<input type="checkbox"/> Former Natural-Born Filipino who reacquired Filipino citizenship	
										<input type="checkbox"/> Others	
EMPLOYER/BUSINESS NAME (If applicable)										CONTACT DETAILS	
										Country + Area Code Telephone Number	
										Home : _____	
EMPLOYER/BUSINESS ADDRESS										Cell Phone : _____	
Unit/Room No., Floor										Email : _____	
Building Name										Address : _____	
Lot No., Block No., Phase No.											
House No.											
Street											
Subdivision		Barangay		Municipality/City		Province/State/Country (if abroad)		ZIP Code		Viber : _____	
										Facebook : _____	
										Messenger : _____	
										WhatsApp : _____	
										Telegram : _____	
										WeChat : _____	
DESIRED MONTHLY MEMBERSHIP SAVINGS					PREFERRED DIVIDEND PAYOUT						
					<input type="checkbox"/> ANNUALLY						
					<input type="checkbox"/> COMPOUNDING (END TERM)						
AUTHORITY TO DEDUCT (FOR LOCALLY EMPLOYED MEMBERS) (OPTIONAL)										MODE OF PAYMENT	
THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MONTHLY SAVINGS IN THE AMOUNT OF _____										<input type="checkbox"/> SALARY DEDUCTION (For locally employed members)	
(P _____) FROM MY SALARY AND REMIT THE SAME TO Pag-IBIG FUND.										<input type="checkbox"/> OVER-THE-COUNTER (OTC) (at any Pag-IBIG Fund Branch)	
										<input type="checkbox"/> THRU ANY ACCREDITED Pag-IBIG COLLECTING PARTNERS	
SIGNATURE OVER PRINTED NAME											

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CHECKLIST OF REQUIREMENTS	
Basic Requirements 1. Modified Pag-IBIG II Enrollment Form (MP2EF, HQP-PFF-226) (1 Original) 2. Valid ID acceptable to the Fund (1 Photocopy)	Additional Requirements 3. Philippine Passport (1 Photocopy) (as applicable) (For former Natural-Born Filipino) 4. Certificate of Reacquisition/Retention of Philippine Citizenship (1 Photocopy) (as applicable)
TERMS AND CONDITIONS	
<p>I hereby certify that I fully understand the program and agree to the following terms and conditions:</p> <div><div><div>1. The MP2 program shall be voluntary for the following: 1.1 All active Pag-IBIG I members, regardless of their monthly income; 1.2 Former Pag-IBIG I members with other source of monthly income and/or Pensioners, regardless of age, with at least 24 monthly savings prior to retirement; and 1.3 Former Natural-Born Filipinos, who reacquired their Filipino Citizenship pursuant to R.A. 9225 or the Citizenship Retention and Reacquisition Act of 2003.</div><div>2. The enrollment under this program shall be solely a savings scheme.</div><div>3. The minimum savings is P500.00 which shall be recorded as of payment date. However, should I make a one-time savings that exceeds P500,000.00, I shall be required to make such payment via personal or manager's check.</div><div>4. In case the payment for my MP2 savings exceeds P100,000.00, I shall be required to submit any applicable proof of income/source of fund</div><div>5. The MP2 account shall be entitled to flexible dividends 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.</div><div>6. I may opt to have an annual dividend payout or compounded dividend earnings.</div><div>7. The membership term shall be five (5) years reckoned from date of initial payment of savings under this program.</div><div>8. In case I claimed my matured MP2 savings prior to the declaration of the dividend rate of the preceding year, the latest available dividend rate shall be applied.</div><div>9. 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 dividends provided under the MP2 Program.</div></div><p>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. Likewise, I hereby authorize Pag-IBIG Fund to disclose, submit and share or exchange my personal information to legal and government regulating agencies in accordance with R.A. No. 10173 (Data Privacy Act of 2012), and other related or pertinent laws and regulations, as described in Pag-IBIG Fund's Freedom of Information (FOI) Manual.</p><div><div>SIGNATURE OVER PRINTED NAME</div><div>DATE</div></div></div>	

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