



# APPLICATION FOR PROVIDENT BENEFITS (APB) CLAIM

HQP-PFF-040

(To be filled out by member/claimant. Print this form back to back on one single sheet of paper)

APPLICATION No.

### REASON FOR CLAIM (Check appropriate box)

- MEMBERSHIP TERM MATURITY
- DEATH  
Date of Death \_\_\_\_\_
- RETIREMENT  
Effective Date of Retirement \_\_\_\_\_  
Last Day of Service \_\_\_\_\_
- PERMANENT TOTAL DISABILITY OR INSANITY  
Nature of Illness \_\_\_\_\_
- PERMANENT DEPARTURE FROM THE COUNTRY
- TERMINATION FROM THE SERVICE BY REASON OF HEALTH
- OPTIONAL WITHDRAWAL
- OTHERS  
Please Specify \_\_\_\_\_

### MEMBERSHIP PROGRAM (Check appropriate box)

- Pag-IBIG I
- Pag-IBIG II
- MODIFIED Pag-IBIG II (MP2)
- Pag-IBIG OVERSEAS PROGRAM (POP)

### MEMBER'S PERSONAL DETAILS

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	MAIDEN NAME (For married women)	Pag-IBIG MID No./RTN										
DATE OF BIRTH	MARITAL STATUS			TAXPAYER IDENTIFICATION No. (TIN)											
	<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>											
CLAIMANT, if other than the Member (Last Name, First Name, Name Extension, Middle Name)					RELATIONSHIP TO MEMBER										

### ADDRESS AND CONTACT DETAILS

MEMBER'S PRESENT HOME ADDRESS					MEMBER/CLAIMANT CONTACT DETAILS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision	COUNTRY + AREA CODE		TELEPHONE NUMBER		
Barangay	Municipality/City	Province/State/Country (if abroad)			ZIP Code	<input type="text"/>		<input type="text"/>		
CLAIMANT'S PRESENT HOME ADDRESS (Leave blank if the same as member)					Cell Phone (Required)					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision	<input type="text"/>		<input type="text"/>		
Barangay	Municipality/City	Province/State/Country (if abroad)			ZIP Code	Email Address				
					<input type="text"/>					

### EMPLOYMENT DETAILS FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	DATE OF Pag-IBIG MEMBERSHIP	
		FROM (Month/Year)	TO (Month/Year)

### AUTHORITY TO CREDIT

### AUTHORITY TO TRANSFER

(For matured savings under Pag-IBIG II/Pag-IBIG Overseas Program)

IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM, I HEREBY AUTHORIZE Pag-IBIG FUND TO CREDIT MY CLAIM PROCEEDS TO MY PAYROLL ACCOUNT/DISBURSEMENT CARD THAT I HAVE INDICATED BELOW:		IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM, I HEREBY AUTHORIZE Pag-IBIG FUND TO TRANSFER MY CLAIM PROCEEDS TO MY MP2 ACCOUNT THAT I HAVE INDICATED BELOW:	
PAYROLL ACCOUNT/DISBURSEMENT CARD No.	BANK'S ADDRESS	MP2 ACCOUNT NO.	AMOUNT TO BE TRANSFERRED
			<input type="checkbox"/> Full Amount <input type="checkbox"/> Partial Amount P_____
SIGNATURE OF MEMBER	DATE	SIGNATURE OF MEMBER	DATE

### APPLICATION AGREEMENT

I hereby certify that I have read and understood the contents hereof, including the guidelines and instructions indicated at the back portion of this form. I further certify under pain of perjury that all information I have indicated herein are true and correct to the best of my knowledge and belief, and that my signature or thumbmark appearing herein is genuine and authentic. I likewise understand that the processing of this application is subject to pertinent provisions of the implementing rules and regulations of the Pag-IBIG Fund. In the event of any outstanding Pag-IBIG loan, Pag-IBIG Fund is hereby authorized to withhold, in whole or in part, the provident benefit subject of this claim, and apply the same as payment to the said loan as well as other obligations due to the Pag-IBIG Fund as of the date of this application.

I hereby waive my rights under R.A. No. 1405 and authorize Pag-IBIG Fund to verify/validate my payroll account/disbursement card number.

### THUMBMARKS OF MEMBER/CLAIMANT

(If unable to sign)

<b>LEFT THUMB</b>	<b>RIGHT THUMB</b>
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(To be done in the presence of Pag-IBIG Fund Personnel)

\_\_\_\_\_  
MEMBER/CLAIMANT  
(Signature over Printed Name)

\_\_\_\_\_  
(Signature over Printed Name of Witness)    Date

### THIS PORTION IS FOR Pag-IBIG Fund USE ONLY

### RECEIPT OF APPLICATION

RECEIVED BY	DATE	REMARKS

### CLAIMS/HOUSING LOAN/STL VERIFICATION

PARTICULARS	WITH	WITHOUT	DV/CHECK/AGREEMENT/ PN/APPLICATION NO.	DATE FILED	OUTSTANDING BALANCE	AS OF	VERIFIED BY	DATE
CLAIMS								
HOUSING LOAN								
MULTI-PURPOSE LOAN								
CALAMITY LOAN								
HELPS								

PAYEE/S	REMARKS

### COMPUTATION OF AMOUNT DUE TO MEMBER

DETAILS	AMOUNTS PAYABLE	REMARKS	COMPUTED BY	DATE
MEMBERSHIP SAVINGS (EE SHARE)				
MEMBERSHIP SAVINGS (ER SHARE)				
TOTAL DIVIDENDS EARNED			REVIEWED BY	DATE
TOTAL ACCUMULATED VALUE (TAV)				
LESS: OUTSTANDING LOAN BALANCE			APPROVED BY	DATE
NET AMOUNT				
DEATH BENEFIT			DISAPPROVED BY	DATE
TOTAL AMOUNT DUE TO MEMBER				

## GUIDELINES AND INSTRUCTIONS

### A. When to File

The Application for Provident Benefits Claim (APB [HQP-PFF-040]) may be filed upon the occurrence of any of the following:

1. Membership Term Maturity - a period of not less than 20 years commencing from the 1<sup>st</sup> day of the month to which the member's initial membership savings to the Fund applies, provided that the member has actually contributed a total of 240 membership savings to the Fund at the time of maturity;
2. Death.
3. Retirement - a member shall be compulsorily retired under the Fund upon reaching age sixty-five (65). He may, however, opt to retire earlier under the Fund upon the occurrence of any of the following:
  - a. his actual retirement from the SSS, GSIS or separate employer provident/retirement plan, provided, however, that under the latter case, the member has at least reached age forty-five (45).
  - b. notwithstanding his continued employment or service, upon reaching age sixty (60), provided he is not a member-borrower;
4. Permanent Total Disability or Insanity - loss or impairment of a physical or mental function resulting from injury or sickness which completely incapacitates a member to perform any work or engage in any business or occupation as determined by the Fund;
5. Permanent Departure from the country;
6. Termination from service by reason of health;
7. Optional Withdrawal of Pag-IBIG Savings - allowed for members who registered under R.A. No. 7742, as well as members who voluntarily joined the Fund under E.O. No. 90. Partial withdrawal of savings may be made after 10 or 15 years of continuous membership from January 1995. For members who registered under R.A. No. 9679 shall have the option to withdraw his or her Total Accumulated Value (TAV) on the fifteenth (15<sup>th</sup>) year of continuous membership. Provided, a member has no outstanding loan with the Fund. This option may be exercised only once during the membership term.
8. Optional Withdrawal of Pag-IBIG II Savings - allowed for members who are member under Pag-IBIG II the option to withdraw his or her TAV prior to Maturity of Savings.
9. Other causes as may be provided for by the Board of Trustees.

### B. Who May File

The application may be filed by the member, his guardian, or any authorized representative/s. If the reason for claim is death of the member, the application may be filed by his heir/s or the latter's representative/s, or any appointed court administrator or executor.

### C. Payment of Benefits

#### 1. Amount

The Provident Benefits of a member shall consist of his TAV, which includes the membership savings to the Fund, his employer's counterpart contribution, if applicable, and the dividend earnings of the total contributions declared by Pag-IBIG Fund.

### 2. Application of TAV

In the event of membership termination, the outstanding balance of the member's Short-Term Loan (STL) shall be deducted from his TAV. Likewise, the outstanding balance of the member's housing loan shall be deducted from his TAV, unless the guidelines prevailing at the time of loan takeout provided otherwise.

Borrower/s who opt to continue amortizing the housing loan balance shall be required to continue paying the membership savings in accordance with the terms and conditions of the Promissory Note or Loan and Mortgage Agreement (PN/LMA) until the loan obligation is fully settled.

**For accounts taken out under the UHLP Multi-Window Lending System, the following shall apply:**

- a. Upon termination of the borrower's membership which entitles him to the benefits as provided for under the rules of the SSS, GSIS, and Pag-IBIG, the TAV to be received by the borrower shall be applied to his outstanding housing loan.

In case of death, the provision of the borrower's Mortgage Redemption Insurance (MRI) shall apply, and if an unpaid balance remains, the borrower's TAV or death benefits shall be applied in payment thereof, subject to the existing policies, rules and regulations.

- b. Upon the occurrence of an event of default, the lending window or its assignee/transferee may apply any of the borrower's funds in the possession of the lending window or its assignee/transferee in full or partial payment of the borrower's obligations as stated in the LMA and Promissory Note.

For this purpose, the LMA provides further that the borrower authorizes the lending window or its assignee/transferee to secure and apply without prior notice to the borrower any fund belonging to him in the possession or control of the lending window or its assignee/transferee.

### 3. Manner of Payment

For claims due to membership maturity, the benefits shall be paid either by check directly to the member or deposited to the member's payroll bank account/disbursement card.

For claims other than membership maturity, the benefits shall be made directly to the member, his guardian or any authorized representative, provided that, in the event of death of a member, payment shall be made to his heir/s or the latter's guardian/authorized representative/s, or any duly appointed court administrator or executor.

Should there be any savings due the member but not yet received by the Fund at the time of the above payment, the same shall be correspondingly released after receipt of the unremitted membership savings.

## CHECKLIST OF REQUIREMENTS

### IMPORTANT

1. **Pag-IBIG FUND RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTS, IF DEEMED NECESSARY. PROCESSING OF CLAIMS SHALL COMMENCE ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS.**
2. **IN ALL INSTANCES WHEREIN PHOTOCOPIES ARE SUBMITTED, THE ORIGINAL DOCUMENT MUST BE PRESENTED FOR AUTHENTICATION.**
3. **IF MEMBER/CLAIMANT CANNOT CLAIM PERSONALLY, SUBMIT SPECIAL POWER OF ATTORNEY (HQP-PFF-033) AND TWO (2) VALID ID CARDS EACH OF THE PRINCIPAL AND ATTORNEY-IN-FACT.**

### BASIC REQUIREMENTS

1. Application for Provident Benefits Claim (APB, HQP-PFF-040)
2. Pag-IBIG Transaction Card and one (1) valid ID card with photo and signature of Claimant

#### NOTES:

- a. If the Pag-IBIG Transaction Card is not available, two (2) valid ID cards with photo and signature of Claimant.
  - b. For Retirement Claims, the valid IDs to be submitted must reflect the date of birth. If the valid IDs submitted do not reflect the date of birth, refer to item B.1.
3. Service Record (For Government Employee)
  4. Statement of Service (For AFP)

### ADDITIONAL REQUIREMENTS

*(The following additional documents shall be submitted depending on the reason for claim)*

#### A. For Death

1. NSO Certified True Copy of Member's Death Certificate
2. Notarized Proof of Surviving Legal Heirs (HQP-PFF-030)
3. NSO Certified True Copy of Birth Certificate of all children or Baptismal/Confirmation Certificate (If with child/children)
4. Notarized Affidavit of Guardianship (HQP-PFF-028) (if with child/children below 18 years old, or if child/children is/are physically/mentally incompetent)
5. To establish kinship with the deceased member, the claimant shall submit any one of the following:
  - NSO Certified True Copy of Member's/Claimant's Birth Certificate
  - NSO Certified True Copy of Non-Availability of Birth Record and Notarized Joint Affidavit of Two (2) Disinterested Persons (HQP-PFF-029)
  - Certified True Copy of Member's/Claimant's Baptismal/Confirmation Certificate
  - If Member is single, Certificate of No Marriage (CENOMAR)
  - If Member is married, NSO Certified True Copy of Member's Marriage Contract and Advisory on Marriage.

#### B. For Retirement

1. Any one of the following:
  - NSO Certified True Copy of Birth Certificate
  - NSO Certified True Copy of Non-Availability of Birth Record and Notarized Joint Affidavit of Two (2) Disinterested Persons (HQP-PFF-029)
2. Notarized Certificate of Early Retirement (For Private Employee only, at least 45 years old)
3. GSIS Retirement Voucher (For Government Employee)
4. Order of Retirement (For AFP)

#### C. For Permanent Total Disability or Insanity/Termination from the Service by Reason of Health

1. Physician's Certificate/Statement (With clinical or medical abstract)

#### D. For Permanent Departure from the Country

1. Photocopy of Passport with Immigrant Visa/Residence Visa/Settlement Visa or its equivalent
2. Notarized Sworn Declaration of Intention to Depart from the Philippines Permanently (HQP-PFF-031) *(No need to submit if already based abroad)*