MODIFIED Pag-IBIG II REGISTRATION FORM (MP2RF)

FPF096

INSTRUCTIONS
1. Type or print all entries in BLOCK or CAPITAL LETTERS.
2. Submit this form and present at least one (1) valid ID.

FOR HDMF USE ONLY
MP2 ACCOUNT NO.

| LAST NAME | FIRST NAME | NAME EXTENSION (e.g., Jr., III) | MIDDLE NAME | NO MIDDLE NAME *(Check if applicable)* ☐ | Pag-IBIG MID No./REGISTRATION TRACKING No. |

PRESENT HOME ADDRESS*(Unit/Room No., Floor, Building Name or Lot No., Block No., Phase No. and Street Name)* | DATE OF BIRTH *(mm/dd/yyyy)*

(Subdivision, Barangay, Municipality/City, Province and State/Country, if abroad) ZIP Code

CONTACT DETAILS
COUNTRY+ AREA CODE   TELEPHONE NUMBERS
Home

EMPLOYER NAME

Cell phone

EMPLOYER ADDRESS *(Unit/Room No., Floor, Building Name or Lot No., Block No., Phase No. and Street Name)*

Email Address

(Subdivision, Barangay, Municipality/City, Province and State/Country, if abroad) ZIP Code | GROSS MONTHLY INCOME

AUTHORITY TO DEDUCT *(For locally-employed members)*

THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MONTHLY CONTRIBUTIONS IN THE AMOUNT OF _____ (P_____) FROM MY SALARY AND REMIT THE SAME TO HDMF.

_____
SIGNATURE OF MEMBER OVER PRINTED NAME

TERMS AND CONDITIONS

I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROGRAM AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. THE MP2 PROGRAM IS OPEN TO ALL Pag-IBIG I MEMBERS ONLY.
2. THE REGISTRATION UNDER THIS PROGRAM SHALL BE SOLELY A SAVINGS SCHEME.
3. THE MINIMUM CONTRIBUTION IS P500.00.
4. THE ANNUAL DIVIDENDS SHALL BE CREDITED TO MY ACCOUNT IN ACCORDANCE WITH EXISTING HDMF POLICY.
5. THE MEMBERSHIP TERM SHALL BE FIVE (5) YEARS RECKONED FROM DATE OF INITIAL PAYMENT OF CONTRIBUTIONS UNDER THIS PROGRAM.
6. UPON MATURITY, I SHALL RECEIVE MY TOTAL SAVINGS WITH DIVIDENDS.

7. UPON MATURITY, I MAY OPT TO RENEW FOR ANOTHER FIVE (5) YEARS. IF I DID NOT WITHDRAW NOR RENEW UPON MATURITY, THE DIVIDEND RATE SHALL BE SUBJECT TO EXISTING HDMF POLICY.
8. IN CASE OF ANY CHANGE IN INFORMATION, I SHALL ACCOMPLISH THE MEMBER'S CHANGE OF INFORMATION FORM (MCIF) AND IMMEDIATELY NOTIFY HDMF.

I FURTHER CERTIFY UNDER PAIN OF PERJURY THAT THE INFORMATION GIVEN AND ANY OR ALL STATEMENTS 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 OF MEMBER OVER PRINTED NAME   DATE

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

7/2010

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