



**NOTE: PLEASE READ INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM. PLEASE WRITE LEGIBLY.**

FOR Pag-IBIG USE ONLY									
Pag-IBIG ID NUMBER									

	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <i>(Check if applicable only)</i>
MEMBER					
FATHER					
MOTHER <i>(Maiden Name)</i>					
SPOUSE <i>(If Married)</i>					

DATE OF BIRTH

m	m	d	d	y	y	y	y

TAXPAYERS IDENTIFICATION NUMBER (TIN)

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**BENEFICIARIES** *(In case of death, Fund benefits shall be divided among the member's legal heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)*

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <i>(Check only if applicable)</i>	RELATIONSHIP	DATE OF BIRTH
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I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENT MADE  
HEREIN ARE TRUE AND CORRECT.

**SIGNATURE OF MEMBER**

**DATE**

**SPECIMEN SIGNATURES**

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**INITIALS**

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