HQP-PFF-226
(V07, 07/2025)

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 ☐

PRESENT HOME ADDRESS *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

EMPLOYER/BUSINESS NAME *(If applicable)*

EMPLOYER/BUSINESS ADDRESS *Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No. | Street*

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

DESIRED MONTHLY **MEMBERSHIP** SAVINGS

PREFERRED DIVIDEND PAYOUT
☐ ANNUALLY
☐ **COMPOUNDING** (END TERM)

Pag-IBIG MID NO.

DATE OF BIRTH *(mm/dd/yyyy)*

MEMBERSHIP CLASSIFICATION
☐ Active Pag-IBIG I member
☐ Former Pag-IBIG I member
☐ Pensioner
☐ Former Natural-**B**orn Filipino who reacquired Filipino citizenship
☐ Others

CONTACT DETAILS
Country + Area Code Telephone Number

Home :
Cell Phone :
Email Address :
Viber :
Facebook Messenger :
WhatsApp :
Telegram :
WeChat :

AUTHORITY TO DEDUCT
(FOR LOCALLY EMPLOYED MEMBERS) (OPTIONAL)

THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MONTHLY SAVINGS IN THE AMOUNT OF _____
(P_____) FROM MY SALARY AND REMIT THE SAME TO Pag-IBIG FUND.

_____
SIGNATURE OVER PRINTED NAME

MODE OF PAYMENT

☐ SALARY DEDUCTION
(For locally employed members)
☐ OVER-THE-COUNTER (OTC)
(at any Pag-IBIG Fund Branch)
☐ THRU ANY ACCREDITED Pag-IBIG COLLECTING PARTNERS

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DESIRED MONTHLY MEMBERSHIP SAVINGS
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☐ ANNUALLY
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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

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 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.
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 savings that exceeds P500,000.00, I shall be required to make such payment via personal or manager's check.
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
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.
6. I may opt to have an annual dividend payout or compounded dividend earnings.
7. The membership term shall be five (5) years reckoned from date of initial payment of savings under this program.
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.
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. Instead, its subsequent dividends shall be based on the rates declared for Pag-IBIG I for the next two (2) years. Thereafter, the same shall be reclassified as accounts payable.
10. Pre-termination or withdrawal of MP2 savings prior to maturity shall be allowed under any of the following circumstances, as applicable:
    - 10.1 Total disability or insanity;
    - 10.2 Separation from service by reason of health;
    - 10.3 Death of the member or any of his/her immediate family member;
    - 10.4 Retirement;
    - 10.5 Permanent departure from the country;
    - 10.6 Distressed member due to unemployment limited to layoff and/or closure of company;
    - 10.7 Critical illness of the member or any of his/her immediate family member, as certified by a licensed physician under one of the following categories, subject to the approval of the Deputy Chief Executive Officer (DCEO) of the Member Services Cluster:
      - Cancer - Organ Failure - Heart-related illness
      - Stroke - Neuromuscular-related illness
    - 10.8 Repatriation of Overseas Filipino Worker (OFW) member from host country
    - 10.9 Other meritorious ground as may be approved for by the Board; and
    - 10.10 Circumstances under Items 10.2, 10.4, 10.6 and 10.8 are exclusively applicable to Pag-IBIG I members.
11. Should I opt to pre-terminate my MP2 membership for reason/s other than those mentioned above, I understand that:
    - 11.1 I shall only be entitled to 50% of the total dividend earned as penalty for the pre-termination of MP2 savings;
    - 11.2 If I opted for the annual dividend payout, and has already received dividends before pre-terminating, I shall be charged a pre-termination fee of 50% of the total dividends already earned, to be deducted from the principal MP2 savings; or
    - 11.3 Dividends earned for the current year shall likewise be subject to a 50% pre-termination fee and shall be given via second release.
12. In case of any change in information, I shall accomplish the Member's Change of Information Form (MCIF, HQP-PFF-049) 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. 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.

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SIGNATURE OVER PRINTED NAME DATE

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