HQP-PFF-285
(V11, 04/2026)

APPLICATION FOR PROVIDENT BENEFITS (APB) CLAIM

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

TYPE OR PRINT ENTRIES

CLAIM FILE No.

MEMBERSHIP PROGRAM

☐ Pag-IBIG I ☐ MODIFIED Pag-IBIG II (MP2)
MP2 Account/s No.: _____

REASON FOR CLAIM *(Check appropriate box)*

☐ MEMBERSHIP TERM MATURITY
☐ RETIREMENT
*Effective Date of Retirement*_____
Last Day of Service _____
☐ PERMANENT TOTAL DISABILITY/INSANITY
☐ TERMINATION FROM SERVICE BY REASON OF HEALTH

☐ CRITICAL ILLNESS OF THE MEMBER OR ANY OF HIS IMMEDIATE FAMILY MEMBER
☐ *Member* ☐ *Immediate Family Member*
Please specify type of illness: _____
☐ OPTIONAL WITHDRAWAL
☐ PERMANENT DEPARTURE FROM THE COUNTRY
☐ REPATRIATION
Please specify country: _____

☐ DEATH
Date of Death _____
☐ EXPATRIATE
☐ MODIFIED Pag-IBIG II (MP2)
☐ *Maturity* ☐ *Pre-Termination*
Please specify the reason of Pre-Termination:
_____

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	DESIRED AMOUNT *(Applicable for optional withdrawal/repatriation)*
	☐ Single ☐ Legally Separated ☐ Divorced ☐ Married ☐ Annulled/Nullified ☐ Widowed	₱_____ / _____ (%)

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
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

CLAIMANT'S PRESENT HOME ADDRESS *(Leave blank if the same as member)*
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

MEMBER/CLAIMANT CONTACT DETAILS
COUNTRY + AREA CODE *TELEPHONE NUMBER*
Home
Cell Phone *(Required)*
Email Address

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 TRANSFER *(Use another sheet if necessary)*

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 THE MP2 ACCOUNTS THAT I HAVE INDICATED BELOW:

No.	MODIFIED Pag-IBIG II (MP2) ACCOUNT NO.	AMOUNT TO BE TRANSFERRED
1.		
2.		
3.		

SIGNATURE OF THE MEMBER DATE

AUTHORITY TO CREDIT

IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR PROVIDENT BENEFITS CLAIM, I HEREBY AUTHORIZE Pag-IBIG FUND TO CREDIT MY CLAIM PROCEEDS, NET OF THE DEDUCTION FOR THE AMOUNT TO BE TRANSFERRED TO MY MP2 ACCOUNT, TO THE PAYROLL ACCOUNT/DISBURSEMENT CARD THAT I HAVE INDICATED BELOW:

ACCREDITED PARTNER-BANK

PAYROLL ACCOUNT CARD
☐ LANDBANK'S PAYROLL CREDIT SYSTEMS VALIDATION (PACSVAL)

DISBURSEMENT CARD
☐ LANDBANK CASHCARD
☐ UNION BANK LOYALTY CARD PLUS
☐ AUB LOYALTY CARD PLUS

PAYROLL ACCOUNT/DISBURSEMENT CARD NO.

NOTE:
In case the claim proceeds are higher than the maximum aggregate monthly credit amount of the concerned accredited partner-bank (as applicable), the release of claim proceeds shall be through Check. The following are the maximum aggregate monthly credit amount of the concerned banks:

- *Landbank PACSVAL - No Limit*
- *Landbank CashCard - ₱500,000.00*
- *Union Bank Loyalty Card Plus - No Limit*
- *AUB Loyalty Card Plus - No Limit*

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 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 (Secrecy of Bank Deposits Act) and authorize Pag-IBIG Fund to verify/validate my payroll account/disbursement card.

I authorize Pag-IBIG Fund to disclose, submit and share or exchange any of my account 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.

I certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief. I hereby certify under pain or perjury that my signature appearing herein is genuine and authentic.

_____
MEMBER/CLAIMANT
(Signature over Printed Name)

THUMBMARKS OF MEMBER/CLAIMANT
(If unable to sign)

LEFT THUMB **RIGHT THUMB**

(To be done in the presence of Pag-IBIG Fund Personnel)

_____ _____
(Signature over Printed Name of Witness) Date

THIS PORTION IS FOR Pag-IBIG Fund USE ONLY

CLAIMS/HL/STL/LOYALTY CARD VERIFICATION

PARTICULARS	WITH	WITHOUT	DV/CHECK/PN/APPLICATION/ HOUSING ACCOUNT No.	DATE FILED/ HL TAKEOUT DATE	OUTSTANDING BALANCE	AS OF	VERIFIED BY	DATE
CLAIMS								
HOUSING LOAN								
MULTI-PURPOSE LOAN								
CALAMITY LOAN								
HELPs								
LOYALTY CARD								
PAYEE/S *(Use another sheet if necessary)*							REMARKS	

RECEIPT OF APPLICATION

RECEIVED BY DATE	REVIEWED BY DATE	APPROVED BY DATE
DISAPPROVED BY DATE	REMARKS	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE

GUIDELINES AND INSTRUCTIONS

A. When to File

The Application for Provident Benefits (APB) Claim (HQP-PFF-285) may be filed upon the occurrence of any of the following:

1. Membership Maturity - shall be based on 20 years of membership with the Fund, reckoned from the initial contribution that is recorded in the database; provided, the member has remitted a total of 240 monthly membership savings to the Fund at the time of maturity;
2. Retirement - a member shall be compulsorily retired under the Fund upon reaching the age of 65. A member may opt to retire earlier under the Fund upon the occurrence of any of the following events:
   a. Actual retirement from the SSS, GSIS, or from government service by provision of law;
   b. Retirement under a private employer's provident/retirement plan, provided that the member is at least 45 years of age at the time of retirement;
   c. Reaching the age of sixty (60).
3. Permanent Total Disability (PTD) or Insanity - PTD refers to the loss or impairment of a physical or mental function resulting from injury or sickness, which incapacitates said member to perform any work or engage in any business or occupation;
4. Termination from Service by Reason of Health - a member can no longer render service to an employer due to severe health conditions, as certified by his doctor;
5. Critical Illness of the member or any of his immediate family member, as certified by a licensed physician, under any of the following categories, subject to the approval of Deputy Chief Executive Officer - Member Services Cluster:
   a. Cancer
   b. Organ Failure
   c. Heart-related Illness
   d. Stroke
   e. Neuromuscular-related illness

   The immediate family member includes any of the following:
   - Spouse
   - Parent
   - Children
   - Sibling
   - Grandparents
   - Grandchildren
   - Legally adopted children shall only be included insofar as applications for withdrawal of savings of their approval mothers or adoptive fathers;
6. Optional Withdrawal of Pag-IBIG Savings
   a. Members of the Fund after the effectivity of R.A. 9679 shall have the option to withdraw their TAV on the fifteenth (15^{th}) year of continuous membership. This option may be exercised only once during the membership term;
   b. A member eligible for optional withdrawal after completing 180 continuous monthly savings may opt to withdraw an amount less than the equivalent sum of said 180 monthly savings. The remaining TAV together with succeeding savings shall be released to the member upon the occurrence of any of the grounds for membership termination;
7. Permanent Departure from the Country - a member has been permitted by his host country to remain there indefinitely or has permanently left the Philippines to reside in another country;
8. Repatriation - a member's return to their country of origin due to any applicable circumstances, in accordance with the prevailing guidelines.
9. Death;
10. Expatriate;
11. Modified Pag-IBIG II (MP2);
12. Any other reasons as may be approved for by the Board.

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. How to File

a. Filing of application at the branch

1. Secure the Application for Provident Benefits (APB) Claim from any Pag-IBIG Fund branch or download from Pag-IBIG website at www.pagibigfund.gov.ph.
2. Accomplish one (1) copy of the application form.
3. For releasing of claim proceeds through Payroll Account Card/ Disbursement Card, attach the photocopy of payroll account/disbursement card/deposit slip for newly-opened account (front portion of the card only).
4. Submit the accomplished application form, together with required documents to any Pag-IBIG Fund branch. Processing of claim shall commence only upon submission of complete documents.

b. Filing of application through online

The online filing through Virtual Pag-IBIG shall be applicable to the following grounds only:

- Membership Term Maturity (20 years)
- Retirement
- Optional Withdrawal (15 years)
- Repatriation
- Modified Pag-IBIG II (MP2) Maturity

1. Prepare photo/scanned copy of the following documents:
   - Accomplished Application for Provident Benefits (APB) Claim
   - One (1) valid ID
   - Supporting documents
   - Selfie photo showing ID card
2. Access the Virtual Pag-IBIG at the Pag-IBIG Fund website and file the application for provident benefits claim.

D. Payment of Benefits

1. Return of Total Accumulated Value
   a. The TAV to be returned to the member or his legal heirs, less of any and all pending obligations with the Fund, shall consist of member's remitted accumulated savings; employer's counterpart savings, if applicable; and dividend earnings credited to the member's account as declared by the Board.
   b. For members with outstanding obligations with the Fund, at the time of termination of membership, the said obligation shall be deducted from his TAV prior to the release of the provident claim.
   c. Release of member's TAV shall be based on actual savings remitted by the employee and employer, if applicable. In the case of member-claimants whose employer counterpart savings have not been remitted to the Fund, a partial release of their TAV shall be made based on actual amounts credited to their accounts. In the same manner, the computation of annual dividends shall be based on actual remittances made. Any amount that the Fund may collect from the employer due to enforcement shall be subsequently released to the member or his heirs.
   d. In case of member's death, the release of his provident benefit claims shall be in accordance with the laws on succession.
   e. A member who has multiple employers shall be entitled to claim his entire savings anytime upon occurrence of any of the grounds for membership termination.

2. Death Benefit

   a. Upon the death of a member, his legal heirs shall be entitled to receive the applicable death benefit in addition to the deceased member's TAV. The amount of the death benefit shall depend on his membership status with the Fund at the time of his death.
      - For active members at the time of death – P6,000, regardless of the amount of TAV.
      - For inactive members at the time of death – the amount is equivalent to member's TAV or P6,000, whichever is lower.
      - If TAV offsetting occurred prior to the member's death – the amount of death benefit to be granted shall depend on the membership status as of date of death. In case of inactive status as of date of death, the TAV under consideration shall be the TAV prior to offsetting.
   b. The legal heirs of the deceased member shall still be entitled to death benefit, subject to the conditions set and under the following circumstances:
      - The check for provident benefit claims based on the grounds for membership termination other than death is not yet released to the member;
      - The member's provident benefit claim proceeds are not yet credited to his disbursement/cash card or Payroll Account at the time of his death.

3. Manner of Payment

   a. Shall be paid to the member or his legal heirs through any of the following modes:
      - Crediting to the claimant's disbursement/cash card or Payroll Account;
      - Through check payable to the claimant; or
      - Other similar modes of payment approved by the Board.
   b. Claiming of checks through a representative shall be allowed provided the representative shall present the documents that the Fund may require relative to the provident benefit claim.

E. Other Provisions

In case there is a need to update the borrower's address and contact details (i.e., present home address, permanent home address, email address, cell phone number and home telephone number) at point of claim application, the member shall not be required to submit Member's Change of Information Form (MCIF, HQP-PFF-049). The updating of information shall be based on the submitted claim application form.

However, in case the information that needs to be changed/updated is other than the address and contact details, the concerned member shall be required to submit the accomplished MCIF together with the supporting documents, if necessary. Please refer to the Checklist of Requirements specified at the back portion of the MCIF.