

WAIVER OF RIGHTS

**I/We, the undersigned, of legal age, heir/s of the late _____
_____, state that:**

1. On _____ Mr./Ms. _____ passed away;
2. **The deceased was a member of Home Development Mutual Fund (Pag-IBIG Fund) and has unclaimed member's savings at the time of his/her death;**
3. **I/We am/are an heir/s of the deceased member;**
4. **I/We** hereby waive in favor of _____
all rights and interest that I/we may have over the provident benefits due the deceased from the Pag-IBIG Fund;
5. **I/We hereby release and forever discharge Pag-IBIG Fund from any and all claim or liability from my co-heirs and/or any other third-party claimant in connection with the aforementioned waiver and release of the provident benefits in favor of the above-named person/s;**
6. **I/We** am/are executing this affidavit to attest to the truth of the foregoing facts and statements.
7. **Given are the name/s, relationship/s and signature/s of the heir/s of the deceased waiving his/her/their rights and interest over the provident benefits due from Pag-IBIG Fund:**

Name of Heir	Relationship	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Witnesses:

Printed Name/Signature

Printed Name/Signature

SUBSCRIBED AND SWORN to before me this _____
by the following person/persons, who are known to me or whom I have identified
through competent evidence of identity:

	Name	I.D.	Expiration
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

that he/she/they is/are the same person/s who personally signed before me the
foregoing Waiver of Rights and acknowledged that he/she/they executed the same.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.