

(e) Brothers and sisters in the absence of persons called for in items (b), (c) and (d) above. (Use another sheet if necessary)

| | Name of Brother/Sister | Age | Address | Guardian of Minors |
|----|-----------------------------------|------------|----------------|-------------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

(f) Children of deceased brother/s and sister/s. (State age, address and guardian of minors). This is required only in the absence of items (b), (c) and (d) above.

(g) Other relatives. (State relationship to deceased)

The undersigned hereby make/s claim to the Pag-IBIG Fund Provident Benefits Claim/**Insurance Claim** of the deceased _____ and declare, confirm, affirm and agree that the written statements and affidavits and all other papers called for the instructions hereon shall constitute declaration, confirmation and affirmation and they are hereby made a part of this Proof of Surviving Legal Heirs and further declare, confirm, affirm and agree that the furnishing of this form or any other forms supplemented thereto, to said Pag-IBIG Fund shall not constitute nor be considered an admission by the Pag-IBIG Fund that the deceased is entitled to the Provident Benefits Claim/**Insurance Claim** under PD 1530 (As amended by Executive Order Nos. 527 and 538), PD 1752 (As amended by Executive Order Nos. 35 and 90, and Republic Act No. 7742), and RA 9679; nor a waiver of any of its right or defenses.

| | | |
|--------------------------|--------------------------|--------------------------|
| _____ CLAIMANT | _____ CLAIMANT | _____ CLAIMANT |
| ID No. _____ | ID No. _____ | ID No. _____ |
| Valid until _____ | Valid until _____ | Valid until _____ |

With my marital consent:

| | | |
|------------------------|------------------------|------------------------|
| _____ SPOUSE | _____ SPOUSE | _____ SPOUSE |
|------------------------|------------------------|------------------------|

SIGNED IN THE PRESENCE OF:

A C K N O W L E D G M E N T

REPUBLIC OF THE PHILIPPINES)S.S.
PROVINCE/CITY OF _____)

BEFORE ME, a Notary Public for and in the _____,
Province of _____, this ____ day of _____, 20____,
personally appeared the above-named person/s, who has satisfactorily proven to me
his/her/their identity through his/her/their identifying documents written below his/her/their
name and signature, that they are the same person/s who executed and voluntarily signed
the foregoing Proof of Legal Heirs, duly signed by his/her/their instrumental witnesses at
the spaces herein provided which he/she/they acknowledged to me as his/her/their free
and voluntary act and deed.

The foregoing instrument relates to a Proof of Surviving of Legal Heirs consisting
of _____ (____) pages including the page on which this Acknowledgment is written,
has been signed on the left margin of each and every page by the parties and the
witnesses.

WITNESS MY HAND AND NOTARIAL SEAL, this _____ day of
_____, 20____, in the _____, Province of
_____.

NOTARY PUBLIC

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