

**ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.**

Col Bonny Serrano Road cor E. Delos Santos Avenue, Camp Aguinaldo, Quezon City

Contact Nos. (02) 8822-MBAI (6224) Website: www.afpmbai.com.phEmail: mail@afpmbai.ph Facebook: @AFPMBAIOfficial**LOAN APPLICATION FORM**

Branch / Extension Office _____

Date _____

Control No. _____

LOAN INFORMATION

Loan Type <input type="checkbox"/> POLICY <input type="checkbox"/> EQUITY <input type="checkbox"/> SALARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> EXPANDED SALARY <input type="checkbox"/> MEDAL <input type="checkbox"/> OTHERS: _____	Release of Claim / Benefit / Refund <input type="checkbox"/> For Pick Up <input type="checkbox"/> For Deposit <input type="radio"/> Head Office <input type="radio"/> ATM/Acct No: _____ <input type="radio"/> MBAI Branch _____ <input type="radio"/> Cellphone _____ <input type="checkbox"/> (Please put a check mark in the box, if you agree) Any future unclaimed Refunds or any other claim pertinent to loan shall automatically be deposited in the ATM account of the claimant Signature _____
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Application Type <input type="checkbox"/> New <input type="checkbox"/> Renewal	Loan Purpose <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Others		
Amount in Words _____	Amount in Figures P _____	Loan Term (No. of Months) _____	Payment Mode <input type="checkbox"/> Payroll <input type="checkbox"/> Post Dated Checks <input type="checkbox"/> Direct Payment

BORROWER'S INFORMATION

LAST NAME: _____		MIDDLE NAME: _____	
FIRST NAME: _____		EXTN NAME: (JR., SR.): _____	
TIN: _____	DATE OF BIRTH (DD/MM/YY): _____		AGE: _____
RANK: _____	SERIAL/BADGE/ACCT NO.: _____	RETIREMENT DATE: _____	BOS: _____
UNIT ASSIGNMENT: _____		UNIT ADDRESS: _____	
CELL PHONE NO.: _____	PHILSYS NO. (PSN) _____	EMAIL ADDRESS: _____	
PRESENT ADDRESS: _____			
PERMANENT ADDRESS: _____			

REPORTING AUTHORIZATION TO THE CREDIT INFORMATION CORPORATION - per REPUBLIC ACT NO. 9510

Pursuant to Republic Act No. 9510 creating the Credit Information Corporation (CIC), its Implementing Rules and Regulations (IRR), and various Circulars, the AFPMBAI is mandated to submit the borrower's basic credit data as defined by law, as well as any regular updates or corrections thereof, to the CIC for consolidation and disclosure as may be authorized by the CIC. Consequently, the basic credit data may be shared with other lenders and other credit reporting agencies duly authorized by the CIC, for the purpose of establishing the borrower's creditworthiness.

For more information, please visit the website at www.creditinfo.gov.ph.

DISCLOSURE ON RELATED PARTY TRANSACTIONS

Are you a Close Family Member (legitimate or common-law: spouse, parent, child, brother, sister, grandparent, grandchild, parent-in-law, son/daughter-in-law, brother/sister-in-law, grandparent-in-law, and grandchild-in-law) of any of the AFPMBAI Board of Trustees, corporate officers (Chairman, Vice-Chairman, President and CEO, Corporate Secretary, Treasurer, Senior Vice-Presidents) and key management personnel (Heads of Sales and Operations Group, Corporate Services Group, Executive Services, Finance, Internal Audit, Area and Branch Operations, Legal, Information Technology, Admin, Real Estate, Human Resource, Insurance Sales, and Marketing)?

☐ NO ☐ YES (If Yes, indicate the name of your related party) _____

PRIVACY NOTICE - as per REPUBLIC ACT NO. 10173

AFPMBAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

AUTHORIZED REPRESENTATIVE
SIGNATURE OVER PRINTED NAME

BORROWER'S SIGNATURE

Do Not Fill Out

I. UPMD	II. ABOD	Acted as Co-maker to:	Loan Evaluation
Policy /Basic Cert. Nr _____	Optional Insurance _____	Salary Loan _____	_____
Face Amount _____	Optional Policy Loan _____	MEDAL _____	Amt Loan _____
Premium _____	Basic Policy Loan _____	Calamity Loan _____	_____
Effective Date _____ Age _____	Member's Equity Loan _____	Appliance Loan _____	_____
Plan _____	E56 _____	Member's Status: _____	Loan Term _____
Noted by _____	E56 Policy Loan _____	Verified by _____	_____
Date _____	Salary Loan _____	Noted by _____	_____
		Date _____	Monthly Amort. _____

TERMS AND CONDITION

ELIGIBILITY

1. Salary/Expanded Salary Loan: the borrower must have an active Permanent Insurance and/or E-56 with AFPMBAI which is enforced for at least 1 month at the time of application.
2. MEDAL: the borrower should have existing Basic Insurance, Permanent/E-56 Insurance or SGTI coverage.
3. The borrower must have a good credit record as determined by any credit bureau/facility. All his/her accounts should be current and have NO ARREARS.
4. The borrower should have a NET TAKE HOME PAY as required by his branch of service/bureau after deducting the monthly amortization of Salary Loan/MEDAL.
5. One Salary Loan and 1 MEDAL per borrower is allowed regardless on the number of policies held but not to exceed the aggregate face amount of his/her insurance.

LOAN

LOAN TYPE	AMOUNT	INTEREST	TERM	RENEWAL	OTHER CONDITIONS
Policy	Any amount not exceeding cash value of the policy	6%	24 mos. max	After payment of at least 1 month amortization	1. Salary/ MEDAL : for retiring borrowers, the payment term shall be reckoned on the retirement date or on the maturity of the longest policy in effect, whichever comes first. 2. Salary/MEDAL : the first monthly amortization for first time loan shall be due on the 3rd month from date of loan release.
Equity	P 10,000.00 and below	6%	12 mos. max	After payment of 6 equal monthly amortization	
	Above 10,000.00 to 60,000.00	6%	24 mos. max		
Salary	P 60,000.00 and below	8%	24 mos.	After payment of 6 consecutive equal monthly amortization	
	Above P 60,000.00- P100,000.00	8%	36 mos.		
	Above P100,000.00- P500,000.00	8%	60 mos.		
MEDAL	P100,000.00 max	6%	12 mos. – 36 mos. 9 mos.	After payment of 6 consecutive equal monthly amortizations	
Expanded Salary	25% lump sum not exceeding P1M	5%	less than 1 year to retirement		

SALARY LOAN REDEMPTION INSURANCE (SLRI) / CREDIT REDEMPTION INSURANCE (CRI)

1. Salary Loan : SLRI and premium payment due are as follows :

Term in months	6	12	18	24	30	36	42	48	54	60
Rate per P1,000.00	3.33	5.00	7.95	10.48	12.98	15.75	18.93	22.10	25.25	28.40

2. MEDAL: Credit Redemption Insurance (CRI) premium and payment due are as follows :

Term in months	6	9	12	18	24	30	36
Rate per P1,000.00	3.33	4.17	5.00	7.95	10.48	12.98	15.75

3. Health Declaration to support SLRI/CRI is required for loans above P200,000.00 and shall be incontestable after being enforced for 1 year from the date of effectivity.
4. If loan is fully paid or renewed prior to its maturity, SLRI/CRI rebate is made except for loans with remaining term of less than one year.
5. In case of borrower's death, if loan is a) updated - the outstanding balance should be considered fully paid; b) with arrears - SLRI/CRI should only cover the theoretical balance (penalties, interest, arrearages not included). Any unpaid balances should be deducted from his/her Death Benefits; c) is dormant/expired term - loan covered by SLRI/CRI.

LIABILITIES

Direct or Indirect commission of fraud, collusion, falsification, misrepresentation of facts or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit or payment under this application that resulted to damage and/or financial loss to AFPMBAI shall be subject to administrative, civil and/or criminal action/liabilities.

FOR BJMP PERSONNEL USE ONLY

SERVICE RECORD

THIS IS TO CERTIFY that subject personnel is a bonafide BJMP personnel on a permanent status.

Director, Directorate for Personnel and Records Management

CLEARANCE

THIS IS TO CERTIFY that subject personnel has NO PENDING CASE.

Chief, Legal Service Office

FINANCE

THIS IS TO CERTIFY that subject personnel has a NET Take Home Pay of P _____ and P _____ available for loan payment.

Chief, Finance Service Office

PROMISSORY NOTE

For value received, I promise to pay to the order of the Armed Forces and Police Mutual Benefit Association, Inc (AFPMBAI), the principal amount and interest, including the penalties, charges and others costs, if any, as follows:

PRINCIPAL LOAN AMOUNT : _____ LOAN TERM : _____ MODE OF PAYMENT: ☐ Payroll Deduction
 INTEREST RATE : _____ MONTHLY AMORTIZATION : _____ ☐ Direct Payment
 TOTAL OBLIGATION : _____ ☐ Post Dated Checks

I also agree to pay the amount due including additional interest at the rate above stated and all fees and charges on all monthly amortizations that are defaulted or delayed, be it my own oversight or not, without further need of notice or demand. Any unpaid amortization due shall bear an additional interest for delayed payment. Acceptance by AFPMBAI or its assigns of any amount after my obligation has become due in accordance herewith shall not be considered as extending the time for payment, or as a modification or novation of any of the conditions hereof.

As security of this loan and to ensure prompt payment of the monthly amortization on due date, I hereby irrevocably assign to AFPMBAI my wages, salaries, allowances and allied emoluments from all sources, and appoint my Treasurer/Disbursing/Collection/AFP/ PNP Finance Officer/Centers/units and/or Commanding Officer/Head of Office or unit or Pension Disbursing Office, as my Attorney-in-Fact to deduct therefrom such amount required under this note.

If for any reason, the Treasurer/Disbursing/Collection/AFP/ PNP Finance Officer/Centers/units and/or Commanding Officer/Head of Office or unit or Pension Disbursing Office fails to deduct from my wages/salary/pension/ allowances and allied emoluments from all sources, the full monthly amortization as it falls due, I shall immediately remit directly to AFPMBAI the said amount/s of under remittance on or before the 5th day of the following month. Otherwise, any unpaid amortization due shall bear an additional interest per month of delay until fully paid.

In case of default or failure to pay at least three (3) consecutive monthly amortizations on the indebtedness or the interest when due, then the entire principal plus the interest that has so far accrued shall, at the option of AFPMBAI immediately become due and payable without need of notice or demand and I agree to pay any outstanding amount due on this loan plus interests thereon at the rate of interest stated above on the said amount due compounded monthly together with all fees, charges and surcharges until fully paid. In which case, I hereby authorize and empower AFPMBAI even without prior notice to me to collect/offset any money of whatever kind or nature, securities and things of value, which may be in its hands or otherwise to the credit of or belonging to me. AFPMBAI is hereby authorized to sell at public or private sale such securities or things of value for the purpose of applying their proceeds as payment of this loan.

I agree that in case of loan renewal, payments for my loan that have not been considered or collected in my loan renewal shall be automatically credited to my new loan account and any unpaid balance from the old loan shall form part of the new loan amount subject for collection.

I further agree that in case of separation from the service for whatever cause, the unpaid balance, including its accumulated interest and surcharges as stipulated above, shall be deducted from my last payment, commutation of leaves, furlough, AFP RSBS refund, pension and all other separation benefits and thereby waive my rights under applicable rules. In case of pre-termination of my loan, the computation of my outstanding loan balance shall be in accordance with the existing guidelines, orders and policies being implemented by the Association.

In case of non-payment and this note is referred for collection, I agree to pay in addition to and based on the outstanding amount due and the cost of the suit, 30% actual and consequential damages, 10% liquidated damages, and 20% attorney's fees, as well as other necessary and incidental expenses.

I hereby understand and acknowledge that I have read the printed provisions and written entries of this Promissory Note and fully agree to the terms and conditions prior to the consummation of the credit transaction and confirm the same. I am executing this Promissory Note with full knowledge of my obligation and out of my own free will and voluntary act and deed.

Done in _____ City, Philippines _____, 20 _____.

BORROWER'S SIGNATURE

LEFT THUMBMARK	RIGHT THUMBMARK

AUTHORIZED REPRESENTATIVE
SIGNATURE OVER PRINTED NAME

AUTHORIZATION TO DEDUCT

TO: CO, FINANCE CENTER
Sir:

POLICY NO. _____

I hereby authorize the you to deduct from my salary/retirement benefits/commutation of leave credits/pension and pay the amount of _____ (P_____) every month for _____ months beginning _____ for the payment of my loan amortizations until full settlement thereof with the ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI). I further authorize my personal information under my Unit/Office electronic payroll system.

In case of dismissal, resignation, separation, voluntary or compulsory retirement or termination from the service for whatever cause, I, as the borrower, shall pay the outstanding remaining balance, including interest, penalties, and other charges to AFPMBAI from any and all pay and benefits due me or my legal heirs for my untimely death. I hereby expressly waive all my rights under Section 13 Rule 39 of the Rules of Court, Republic Act Nos. 138 (Pay Status of AFP), 6975 (PNP Law), 2310 (AFP Retirement Benefits), 4917 (Retirement Benefits of Employees of Private Firms), 9510 (Credit Information System), 10173 (Data Privacy), and to any and all statutory provisions relating to the confidentiality of information.

I fully understand that the loan obligation is a contract between the AFPMBAI and the undersigned borrower and thus, hereby assume all the obligations that my arise thereof and hereby understand that the Finance Service is not privy to the contract of loan executed with the AFPMBAI but is merely authorized pursuant to GAA to deduct loan obligation/s from the salaries of PNP employees.

THUMBMARKS

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Rank	Borrower's Family Name/First Name/Middle Name <i>Signature above printed name</i>	SN	Branch of Svc	TIN
Unit Assignment		Landline/Mobile Nos.		Email Address

Acknowledgment

Republic of the Philippines)

_____) S.S.

Before me, a Notary Public for and in _____ this _____ personally appeared the abovenamed applicant and showed competent proof of identity known to me to be the same person who executed this Authorization to Deduct (ATD) and acknowledged to me that the same is his free and voluntary act and deed.

WITNESS MY HAND AND NOTARIAL SEAL

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

Notary Public

COMMANDING OFFICER

CHIEF FSFO

AUTHORIZATION TO DEPOSIT**TO: CO, FINANCE CENTER****Sir:**

I hereby authorize Armed Forces and Police Mutual Benefit Association, Inc. (AFPMBAI) to automatically deposit my Dividends, Bonuses, Maturities and/or Refunds to the bank account details I have with them or through other accredited payment facilities (eg. Palawan Express Pera Padala) for all of my existing policy (ies) and/or loans with AFPMBAI.

☐ Bank _____ ☐ Acct Name _____
☐ Bank Branch _____ ☐ Acct No. _____

THUMBMARKS



Rank

Member's Family Name/First Name/Middle Name

SN

Branch of Service

Signature above printed name

Unit Assignment

Cellphone Number

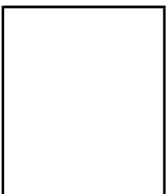
Email Address

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☐ Bank _____ ☐ Acct Name _____
☐ Bank Branch _____ ☐ Acct No. _____

THUMBMARKS



Rank

Member's Family Name/First Name/Middle Name

SN

Branch of Service

Signature above printed name

Unit Assignment

Cellphone Number

Email Address