



### AUTHORIZATION TO CLAIM REMAINING EQUITY

Date: \_\_\_\_\_

This is to authorize the U.P. Provident Fund, Inc. to deposit to my LBP / PNB / DBP / PVB Account No. \_\_\_\_\_ the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Remaining equity | <input type="checkbox"/> Earnings / Final share |
| <input type="checkbox"/> Loan Overpayment | <input type="checkbox"/> Others: _____          |

I am donating to UP Provident Fund, Inc. any remaining amount due to me.

I fully understand that I am holding the Fund free from any liability and/or damages that may happen arising from this authorization.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Email address: \_\_\_\_\_



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