



WITHDRAWAL OF MEMBER'S CONTRIBUTION

Name: _____ Campus: _____ Date Filed: _____

Unit/Department: _____ Position: _____ Employee No.: _____ Contact No.: _____

Home Address: _____ E-mail address: _____

Mode of Separation from U.P. (please check one): _____ Effective Date of Separation: _____

Retirement Resignation Death Transfer to another agency Others (specify) _____

Requirements:

- 1 Photocopy of 2 Valid Identification Cards (ID)
- 2 U. P. Clearance Sheet with at least one valid signature except UP Provident Fund
- 3 Authorization letter or Special Power of Attorney (if necessary)
- 4 Photocopy of 2 Valid Identification Cards (ID) of the authorized person

I understand that I can only claim the remaining portion of my member's equity after submitting the complete requirements, including service record and complete U.P. clearance. I also agree that maintenance and dormancy fees of P500 / month will be deducted from my benefit proceeds if the complete requirements are not submitted within six (6) months from the effective date of separation.

Date: _____ SIGNATURE OVER PRINTED NAME