



U.P. PROVIDENT FUND, INC.

Membership Form

TIN: _____
EMPLOYEE NO.: _____
DATE of MEMBERSHIP: _____

NAME: _____
(LAST) (FIRST) (M.I.)

GENDER: FEMALE MALE

COLLEGE / UNIT: _____

CAMPUS: _____

POSITION: _____ SALARY GRADE: _____

MONTHLY SALARY: _____

STATUS OF APPOINTMENT: PERMANENT TEMPORARY

DATE OF ORIGINAL APPOINTMENT W/ U.P.: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

CIVIL STATUS: SINGLE MARRIED IF MARRIED, NAME OF SPOUSE: _____

ADDRESS: _____

TELE / CELLPHONE / FAX NOS.: _____

E-mail ADDRESS: _____

	<u>NAME OF BENEFICIARIES</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP TO APPLICANT</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

I hereby certify that all the information given above are true and correct.

SIGNATURE

CERTIFICATION OF APPROVAL BY FUND MANAGER

CHECKED:

PERSONNEL CLEARANCE:

APPROVED:

Campus Co-Fund Manager

U.P. HRDO Director

Fund Manager

Date

Authorization for Salary Deduction and Remittance

This is to certify the Payroll Section to deduct _____% of my salary, my personal contribution to the U.P. Provident Fund, Inc. as approved by the Fund Manager and confirmed by the Board of Trustees, and to authorize further the Payroll Section and Cash Division to remit my personal contribution to the U.P. Provident Fund, Inc.

**Authorization to Give Priority/Preference to UPPFI Dues
and Loan Amortizations in Salary**

This is to authorize the Payroll Section to deduct from my salaries, emoluments and other benefits, dues, and loan amortizations owing to the UP Provident Fund, Inc. before any and all deductions owing to other third parties, except those deductions owing to government agencies and/or other deductions mandated by existing laws.

SIGNATURE OVER PRINTED NAME