



**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