



UNIVERSITY OF THE PHILIPPINES
Provident Fund

Member's Data Updating Form

Please complete the section/s to be updated and sign on the corresponding box/es. Accomplish and submit one (1) copy.

Last Name	First Name	Middle Name
UP Campus / Constituent University	College / Unit	UP Provident Fund Member's ID No.

1. CHANGE IN MONTHLY CONTRIBUTION

Write below the new contribution amount that will be deducted from your salary every month; Choose between: (a) Percentage of basic salary, minimum of 1%; or (b) Fixed amount; You may change this anytime by filling out the Member's Data Updating Form; Amount is subject to the DBM rule on net take-home pay threshold.

A. Percentage of Basic Salary (Between 1% and 100%):
_____ %

or

B. Fixed Amount (in Philippine Peso):
PHP _____

Please sign on the right if you are updating "1. Change in Monthly Contribution". Otherwise, write N/A.

2. UPDATING OF BENEFICIARY/IES

This will replace the existing list of your beneficiary/ies in the records of UP Provident Fund. The old records will be deleted and the following data will now be used as basis for the distribution of fund's benefits in the case of member's death. Please use additional sheet, if necessary.

	Full Name	Date of Birth	Relationship		Full Name	Date of Birth	Relationship
1				3			
2				4			

Please sign on the right if you are updating "2. Updating of Beneficiary/ies". Otherwise, write N/A.

3. CHANGE OF ADDRESS AND/OR CONTACT DETAILS

Please sign on the right corresponding to the field/s that you want updated. Otherwise, write N/A.

NEW CURRENT/CITY HOME ADDRESS		
NEW PERMANENT HOME ADDRESS		
NEW CELLPHONE / MOBILE NUMBER		
NEW LANDLINE NUMBER		
NEW EMAIL ADDRESS		

4. CHANGE OF PERSONAL AND/OR EMPLOYMENT DETAILS

Please sign on the right corresponding to the field/s that you want updated. Otherwise, write N/A.

	FROM	TO	Signature
CHANGE OF MARITAL STATUS			
CHANGE / CORRECTION OF NAME			
CORRECTION OF DATE OF BIRTH			
CHANGE IN SALARY GRADE			
CHANGE IN UP CAMPUS / UNIT			
CHANGE IN DATE OF APPOINTMENT			

5. OTHERS

Please sign on the right corresponding to the field that you want updated. Otherwise, write N/A.

	FROM	TO	Signature

I hereby certify that all information provided above are true, accurate, and complete. By signing this form, I give consent to UP Provident Fund to replace and/or update existing information about me and my account.

SIGNATURE OVER PRINTED NAME

DATE

To be filled out by UP Provident Fund Personnel

Received and checked by: UP PROVIDENT STAFF	Approved by: UP PROVIDENT FUND OFFICER
_____ Signature over Printed Name _____ Date	_____ Signature over Printed Name _____ Date

INSTRUCTIONS AND REQUIREMENTS

1. Submit one (1) copy of the duly accomplished "Member's Data Updating Form" to any UP Provident Fund office, together with:
 - One (1) photocopy of the member's valid government-issued ID;
 - Signed authorization letter, if filing via proxy or representative; and
 - One (1) photocopy of the representative's valid government-issued ID, if filing via proxy or representative.
2. Submit the following additional requirements depending on the information that you want updated:

A. For item "CHANGE OF MARITAL STATUS":

Single to Married:

- Marriage Contract issued by Philippine Statistics Authority (PSA)

Married to Single (legally married to reported spouse):

- Copy of Court Order (please present original for authentication)

Married to Single (due to erroneous encoding):

- Certificate of No Marriage (CENOMAR) issued by Philippine Statistics Authority (PSA)

Married to Widowed:

- Death Certificate of deceased spouse issued by Philippine Statistics Authority (PSA)

B. For item "CHANGE/CORRECTION OF NAME":

For Change in Name due to marriage:

- Marriage Contract issued by Philippine Statistics Authority (PSA)

For other reasons to change name:

- Birth Certificate issued by Philippine Statistics Authority (PSA)
- Copy of Court Order granting petition to change name (please present original for authentication)

C. For item "CORRECTION OF DATE OF BIRTH":

- Birth Certificate issued by Philippine Statistics Authority (PSA)

D. For items "CHANGE IN SALARY GRADE", "CHANGE IN UP CAMPUS/UNIT", "CHANGE IN DATE OF APPOINTMENT", or "OTHERS":

- Valid Appointment Paper containing the updated information or any other documentary proof to validate your request.