

## U.P. PROVIDENT FUND, INC Application for Withdrawal of Membership

				DATE	_	
NAME				TIN:		
	LAST NAME	FIRST NAME	MIDDLE NAME	CONTACT NO.:	-	
CAMPUS		UNIT / DEPARTMENT				
Requireme	nts:					
	1 Photocopy of 2 Valid Iden	tification Cards (ID)				
	2 Letter indicating the reason	n for withdrawal				
Policies or	Withdrawal of Membership:					
	1. Withdrawing members ar	1. Withdrawing members are only allowed to withdraw the Member's contribution and its earnings thereon.				
				's outstanding loan balance and interest and and 10% withdrawal fee on net earnings.		
				rights and benefits of a UP Provident Fund		
	<ol><li>Withdrawn members ma withdrawal.</li></ol>	y only reapply and be	re-admitted for members	ship after one (1) year from the date of		
	5. Returning members may	only avail of loans aft	er one (1) year from the o	late of re-admission.		

Signature Over Printed Name