
CATHOLIC EDUCATIONAL ASSOCIATION OF THE PHILIPPINES RETIREMENT PLAN

AUTHORIZATION FOR VOLUNTARY CONTRIBUTION

Name of Member _____
Last First Middle

Participating Employer _____

Address _____

Date of membership in the Plan _____

Present Monthly Salary _____

Effectivity Date _____

VOLUNTARY CONTRIBUTIONS (To be implemented through monthly deductions)

Amount () 1%

I have decided to exercise my option to participate in the Fund through my own voluntary contributions. I hereby authorize my Employer to make the monthly payroll deduction that I have indicated above; and to remit these in my behalf to the Trustee as soon as possible thereafter. This serves as continuing authority to my Employer that shall be valid throughout the duration of my membership in the Plan. This authority, once duly noted, supersedes any similar authority that I may have made previously.

I understand that my voluntary contributions and corresponding income shall be subject to the provisions of the Plan and to the Rules and Regulations the CEAP Retirement Commission may issue from time to time, and shall be subject to withdrawal except for the causes provided in the said Plan and Rules and Regulations.

Signature Over Printed Name

Date

Noted by:

Employer's Representative

Designation

Distribution:

1 copy for Participating Employer

1 copy for CAP Retirement Commission

1 copy for Member