

ABBOTT LABORATORIES PHILS. EMPLOYEES MULTI-PURPOSE COOPERATIVE ALEKBC-MPC

Units 102-103 West Dale Residences West Capitol Drive, Kapitolyo, Pasig City

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UPDATE/ ENROLLMENT/ SALARY DEDUCTION AUTHORITY

		PERSONAL INFORMATION							
		Surname First Nam					Middle Name		
NAME:									
MEMBERSHIP ID NO:		EMPLOYEE ID NO:							
EMAIL ADDRESS:			OFFICE PHONE N	OFFICE PHONE NUMBER:					
MOBILE NUMBER:				DIVISION:			TSD:OTHERS:		
INSTRUCTION									
CAPITAL BUILD-UP PLEDGE									
I hereby authorize my employer, Abbott Laboratories (Phils) to deduct from my payroll every 15th and 30th of each month to for my ALEKBC:									
	Enrollment/Salary Deduction Savings Deposit						per payday		
Please Check	Enrollment/Salary Deduction Voluntary Savings Retirement Program						per payday		
	Increase my semi-monthly Share Capital contribution FROM :				то		per payday		
(√)	Increase my semi-monthly Savings Deposit contribution FROM:				то		per payday		
your choice	Increase my semi-	monthly Save For Re	tirement contribution FROM :		то		per payday		
I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to policies and procedures of the									
Cooperative as reflecte	d in the Coop's webs	site (www.alekbcmpc	.com) and I hereby express my full confe	ormity the	reto. I do	understar	nd and acknowledge		
the fact that my accounts with ALEKBC-MPC are not insured nor guaranteed by Abbott Labs (Phils) for each has distinct and separate juridical personality.									
		Specimen Signatures	(1)		(2)		(3)		
Printed Name of Applicant/ Date		Specimen Signatures			•				