

Auto-Debit Arrangement AMENDMENT FORM

Accomplish in three (3) copies.

EFFECTIVITY DATE:_

NAME OF QUALIFIED SSS MEMBER						S ME	MBEI				lame	Middle Name			SS Number			
Please effect the following:																		
Change in Name: Telephone No.																		
Change in Address:																		
Change in Bank Account No.:									□SA	СА	Bank	Name			Bank Branch			
CHANGE ADD DELETE									ADD _	DELETE		TERMINATE ENROLLMENT					Am	nount
1.	1. Contribution										P							
2.	2. Housing Loan REL Account Number:										P							
3. Loan:					No.	L					nd Deduction mddyy)	Monthl	ly Amort.					
					1	Salary Loan												
					3	Educational Loan (SNPL) Emergency Loan												
o. Evalli							4	Calamity Loan										
							5	Stock Investment Loan										
							6	Others (Specify):										
													otal P					
4.	4. Household Employer (HR)																	
SS Number									Employee Name (Surname, Given Name, Middle Initial)				Date of Birth Loan Date Imddyy) (mmddyy)		Monthly Amortization (I)	Monthly Contribution (II)		otal +II)
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	\Box																	
	\downarrow						\bot	╄										
	\dashv					+	+	+										
	_														-	Total	P	
															GRAND T	OTAL	P	
	_		Т	his	is t	o ar	nend	I the i	nformation stated	in my enrol	Ilment	form.	The tota	l amount to	be deducted	from my accou	nt will now	be)
I understand that the effectivity of this amendment is upon its approval.																		
CONFORME:																		
Qualified Member's Signature Signature of Account Owner Date (if other than Qualified Member)											_							
(if other than Qualified Member) FOR SSS USE ONLY FOR BANK USE ONLY																		
Received / Verified by: Received by:										<u> </u>								
Date										Date							Date	
Encoded by:												Acct. No. & Signature Verified by:						
Date										Date		Date						
Approved by: Approved by:																		
							Date							Date				

TERMS AND CONDITIONS

- 1. The instruction and /or information in this Amendment Form shall supersede the instructions and/or information contained in your Enrollment Form.
- 2. This Amendment shall take effect only upon the approval by the SSS and by the BANK and that once the same is approved within the 1st day to the 15th day of the month of application, the change shall take effect on the succeeding month. In the event that the Amendment is approved on the 16th day of the month onwards, the change shall take effect on the month after the succeeding month.
- 3. All other terms and conditions contained in the original enrollment form not contrary hereto shall remain valid and enforceable.

PANCE OF	MONTHLY		SE/VM/OFW						
RANGE OF COMPENSATION	SALARY	SOC	AL SECU	RITY	EC	TOTAL CONTRIBUTION			TOTAL
COMPENSATION	CREDIT*	ER	EE	TOTAL	ER	ER	EE	TOTAL	CONTRIBUTION
1,000 - 1,249.99	1,000	73.70	36.30	110.00	10.00	83.70	36.30	120.00	110.00
1,250 - 1,749.99	1,500	110.50	54.50	165.00	10.00	120.50	54.50	175.00	165.00
1,750 - 2,249.99	2,000	147.30	72.70	220.00	10.00	157.30	72.70	230.00	220.00
2,250 - 2,749.99	2,500	184.20	90.80	275.00	10.00	194.20	90.80	285.00	275.00
2,750 - 3,249.99	3,000	221.00	109.00	330.00	10.00	231.00	109.00	340.00	330.00
3,250 - 3,749.99	3,500	257.80	127.20	385.00	10.00	267.80	127.20	395.00	385.00
3,750 - 4,249.99	4,000	294.70	145.30	440.00	10.00	304.70	145.30	450.00	440.00
4,250 - 4,749.99	4,500	331.50	163.50	495.00	10.00	341.50	163.50	505.00	495.00
4,750 - 5,249.99	5,000	368.30	181.70	550.00	10.00	378.30	181.70	560.00	550.00
5,250 - 5,749.99	5,500	405.20	199.80	605.00	10.00	415.20	199.80	615.00	605.00
5,750 - 6,249.99	6,000	442.00	218.00	660.00	10.00	452.00	218.00	670.00	660.00
6,250 - 6,749.99	6,500	478.80	236.20	715.00	10.00	488.80	236.20	725.00	715.00
6,750 - 7,249.99	7,000	515.70	254.30	770.00	10.00	525.70	254.30	780.00	770.00
7,250 - 7,749.99	7,500	552.50	272.50	825.00	10.00	562.50	272.50	835.00	825.00
7,750 - 8,249.99	8,000	589.30	290.70	880.00	10.00	599.30	290.70	890.00	880.00
8,250 - 8,749.99	8,500	626.20	308.80	935.00	10.00	636.20	308.80	945.00	935.00
8,750 - 9,249.99	9,000	663.00	327.00	990.00	10.00	673.00	327.00	1,000.00	990.00
9,250 - 9,749.99	9,500	699.80	345.20	1,045.00	10.00	709.80	345.20	1,055.00	1,045.00
9,750 - 10,249.99	10,000	736.70	363.30	1,100.00	10.00	746.70	363.30	1,110.00	1,100.00
10,250 - 10,749.99	10,500	773.50	381.50	1,155.00	10.00	783.50	381.50	1,165.00	1,155.00
10,750 - 11,249.99	11,000	810.30	399.70	1,210.00	10.00	820.30	399.70	1,220.00	1,210.00
11,250 - 11,749.99	11,500	847.20	417.80	1,265.00	10.00	857.20	417.80	1,275.00	1,265.00
11,750 - 12,249.99	12,000	884.00	436.00	1,320.00	10.00	894.00	436.00	1,330.00	1,320.00
12,250 - 12,749.99	12,500	920.80	454.20	1,375.00	10.00	930.80	454.20	1,385.00	1,375.00
12,750 - 13,249.99	13,000	957.70	472.30	1,430.00	10.00	967.70	472.30	1,440.00	1,430.00
13,250 - 13,749.99	13,500	994.50	490.50	1,485.00	10.00	1,004.50	490.50	1,495.00	1,485.00
13,750 - 14,249.99	14,000	1,031.30	508.70	1,540.00	10.00	1,041.30	508.70	1,550.00	1,540.00
14,250 - 14,749.99	14,500	1,068.20	526.80	1,595.00	10.00	1,078.20	526.80	1,605.00	1,595.00
14,750 - 15,249.99	15,000	1,105.00	545.00	1,650.00	30.00	1,135.00	545.00	1,680.00	1,650.00
15,250 - 15,749.99	15,500	1,141.80	563.20	1,705.00	30.00	1,171.80	563.20	1,735.00	1,705.00
15,750 – over	16,000	1,178.70	581.30	1,760.00	30.00	1,208.70	581.30	1,790.00	1,760.00

^{*}The minimum salary credit for OFW is P5,000.