



WESERV SAVINGS ACCOUNT PLAN TERMINATION OF MEMBERSHIP FORM

This document is classified for **Fujitsu-Restricted Only**

To: Human Resources Department

Date: _____

TERMINATION OF MEMBERSHIP

I would like to request for the termination of my membership in FPI Savings Account Plan starting
_____ payroll period.

Signature over printed name

Endorsed by:

Approved by:

Ma. Cristina J. Calalang

C&B Manager

(Sign over printed name)

Christian Dean D. Lavisto

Finance Head

(Sign over printed name)

Arlene L. Gregorio

GDC Head

(Sign over printed name)

Processed by:

Karen Joy R. Alentajan-Cequeña

Payroll Specialist

****Note: Please print in half-page only.**

****Date of Termination should be on the 15th of the month.**