

Form for Provident Fund Membership Application and Beneficiary Appointment		Date
Fund Name	K Master Pool Fund Registered Provident Fund	Fund Code PF0103
Company Name	Mae Fah Luang University	Company Code 4777

Date.....Month.....Year

To Fund Committee

I (Please specify title)Last name.....Employee code.....

Department.....Branch.....

would like to apply for the membership of.....

Provident Fund (hereinafter referred to as “the Fund”) and agree that the employer will deduct my monthly salary/wage at the rate stipulated by the Fund’s Articles for contributions to the Fund, under the investment policy stipulated by the Fund. I hereby acknowledge and agree that the first contribution will commence in the month that my membership is approved by the Fund Committee or the person designated by the Fund Committee. **In case that I have benefits and/or assets transferred from another provident fund, I intend that the benefits and/or assets are transferred to the Fund.**

I have acknowledged, understood and agreed to comply with all provisions under the Fund’s Articles, whether now existing or being amended or added in the future.

I would like to appoint the below beneficiaries, who, upon my passing, shall receive all proceeds per the amount I have the right to receive from the Fund. This shall apply with the amount that I have the right to receive from all provident funds and all investment policies, of which I am an existing member and/or will be a member after this application is completed, under this employer, unless I make, in writing, beneficiary appointment and stipulate terms of payment otherwise.

Title-First Name-Last Name of Beneficiary	Beneficiary Address and Contact Number	Ratio (In Case Payment Ratio is Stipulated)
1.%
2.%
3%
Total		100%

Terms of payment for beneficiaries (Choose one from the following choices. In case ()

Other is chosen, please specify terms of payment.)

- () Equal payment ratio
 () Payment ratio as stipulated in the above table
 () Payment made on a per-order basis
 ()

Other.....

In case I did not specify the terms of payment for beneficiaries, or specified terms of payment that are unclear or can be interpreted in many different ways, I would like the Fund to make equal payment to each beneficiary.

In case any of the beneficiaries passes, before or simultaneously with me, I would like the Fund to pay the portion belong to that deceased beneficiary to the other beneficiaries per the terms of payment specified above.

<p align="center">Fund membership approved</p> <p>Signed.....</p> <p align="center">.....</p> <p align="center">()</p> <p align="center">Committee member who is an authorized signatory/designated person</p> <p>Approval date/...../.....</p>

Sincerely,

Signed.....

... Applicant

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