

Additional benefits of joining AUPE

1 Group Hospitalisation Insurance at \$2 per month
(please complete and sign GIRO form for AUPE-ASN)
 Pays \$30 per day of hospitalisation up to 10 days' stay
 Pays \$40 per day of hospitalisation for more than 10 days' stay

2 AUPE Credit Co-operative Ltd
AUPE members may join for
 Thrift and Loan services
 Good returns on savings
 Low interest on loans
 Hospitalisation benefit - \$20 per day

3 AUPE Mutual Aid Schemes
 Death of parent
 Death of children

4 Study Awards for needy children of members
 \$100 to \$350



Amalgamated Union of Public Employees
 Appointment of Nominee for union benefits

_____ NRIC

--	--	--	--	--	--	--	--	--	--

(Name of member in Block Letter as in I/C)

hereby appoint _____
(Name of Beneficiary)

Relationship _____ NRIC

--	--	--	--	--	--	--	--	--	--

to be my beneficiary in the event of my death under the conditions laid down in the Regulations of the prevailing Welfare Schemes.

Signature of Member

To (Name of Bank) _____ Date _____

Branch _____

Name of Billing Organisation _____

AUPE - ASN

Member's Name _____

Member's (NRIC / Fin) No _____

- (a) I / We hereby instruct you to process the BO's instructions to debit to my / our account
- (b) You are entitled to reject the BO's debit instruction if my / our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until terminated by your written notice sent to my / our address last know to you or upon receipt of my / our written revocation through the BO.
- (d) I consent to my personal data being collected, used and retained by AUPE and acknowledge that the collection, use and or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation for purposes of processing, administering and managing my AUPE Union membership.

My / Our Name (s) (Account Holder) _____

My / Our
Thumbprint(s)*
(Account Holder)

My / Our Account No. _____

My / Our Contact (O / H / Hp) No. _____

My / Our Signature(s) (Account Holder) _____

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7 3 3 9	5 0 1	8 5 8 4 5 0 0 0 1

Bank	Branch	Account No. To Be Debited

Billing Organisation's Member's Reference No. _____

PART 3 : FOR BANK'S COMPLETION

To : **AUPE - ASN C/o AUPE Membership Department**
 Wisma AUPE 295 Upper Paya Lebar Road Singapore 534929

This Application is hereby **REJECTED** (Please tick) for the following reason(s) :

- Signature / Thumbprint# differs from Bank's records
- Signature / Thumbprint# incomplete / unclear#
- Account operated by signature / Thumbprint#
- Wrong account number
- Amendments not countersigned by the customer
- Others : _____

_____ Name of Approving Officer _____ Authorised Signature _____ Date _____