

NOTIFICATION TO OPT-OUT OF/FIX SINDA FUND CONTRIBUTION

TO THE EMPLOYER	
Name of Employer*	: <u></u>
Registered Address	:
EMPLOYEE PARTICULARS	
Name of Employee*	* : NRIC/FIN No*: **** (Last 4 alphanumeric characters)
Type of Resident*	: Singapore Citizen Permanent Resident Employment Pass Holder
Registered Address	:
Contact Number*	: E-mail* :
Contact Number	E-mail
EMPLOYEE DECLARATION*	
I hereby give notice, in accordance with the CPF (Contributions to Community Fund [SINDA]) Amendment Rules 2014 that with the effect from (Month) (Year), I wish to (please tick the boxes and circle the amount accordingly):	
Opt-out	
Fix my monthly contribution: \$1 / \$3 / \$5 / \$7 / \$9 / \$12 / \$18 / \$30 / Other amount:	
Salary Bracket (please circle the salary range accordingly):	
1,000 and below / $1,001 - 1,500$ / $1,501 - 2,500$ / $2,501 - 4,500$ / $4,501 - 7,500$ / $7,501 - 10,000$ /	
\$10,001 – \$15,000 / \$15,001 and more	
Please state reason to opt-out of/fix contribution:	
Declared By:	Date: (Signature of Employee)
	(Signature of Employee)
Endorsed By:	(Official Stamp and Signature of SINDA Official)
	(Official Statish and Signature of Sittem)

* – Denotes mandatory fields

Notes:

- Complete, scan and send the form to <u>SINDAfund@sinda.org.sg</u> or mail it to SINDA at 1 Beatty Road, Singapore 209943 for endorsement. Backdated forms will not be accepted.
- 2. Once you receive the completed form with SINDA's endorsement, submit the form to your employer to cease/adjust the deduction from your salary.
- 3. In the event of change of employment (i.e. new employer), this notification will no longer be valid and a fresh application has to be made to SINDA.
- 4. Those opting out are to take note of the different payroll cut-off dates in a month. SINDA will not refund contributions that were already made and deductions may only stop the month after SINDA has given its approval to your employer to cease the contribution
- 5. By completing and submitting this form, you consent to the SINDA's collection, use and disclosure of your personal data for the purposes of processing and administering this notification.

Form Reference: S-CRU-SF-24-01