

**ABSOLUTE DEED OF ASSIGNMENT OF LIFE INSURANCE POLICY**

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_, of legal age, single/married, and residing at \_\_\_\_\_, owner of Policy No. \_\_\_\_\_ issued or assumed by UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION (hereinafter called the "Insurer" on the life of \_\_\_\_\_, for value received, do hereby assign, transfer and set over in a manner absolute and irrevocable, unto \_\_\_\_\_ (hereinafter called the "Assignee) of \_\_\_\_\_, the said policy and any supplementary contracts issued in connection therewith and all claims, options, privileges, rights, titles and interests therein and thereunder, subject to all the terms and conditions of the Policy and to all superior liens, if any, which the Insurer may have against the Policy. The sole signature of the Assignee shall be sufficient for the exercise of any rights under the Policy assigned hereby and the sole receipt of the Assignee for any sums received shall be full discharge and release therefor to the Insurer.

Done at Makati City this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
INSURED OR OWNER

WITH MY CONSENT:

Irrevocable Beneficiary/ies / Mortgagee

\_\_\_\_\_  
Signed In The Presence Of:

\_\_\_\_\_

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES)  
\_\_\_\_\_) S.S.

BEFORE ME, a Notary Public in and for the above jurisdiction on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, personally appeared:

Name	Community Tax Cert. No.	Date/Place of Issue
_____	_____	_____
_____	_____	_____

known to me and to me known to be the same persons who executed and signed the foregoing Absolute Deed of Assignment of Life Insurance Policy who acknowledged to me that the same are their true and voluntary act and deed.

WITNESS MY HAND AND SEAL on the date and place first above written.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_