



COCOLIFE

COCOLIFE Building, 6774 Ayala Avenue Makati City 1226
Tel. No. 812-9015 * Fax No. 812-9053

UNDERTAKING FOR LOST POLICY

KNOW ALL MEN BY THESE PRESENTS:

That I / We _____,
the person(s) described in and having interest in Policy No. _____, in
the sum of P _____, issued by the United Coconut Planters Life
Assurance Corporation, herein referred to as the "COMPANY", do hereby request the
Company to cancel the original copy of said policy and to issue a duplicate copy of the
original which was destroyed or lost or mislaid.

That I / We hereby undertake to guarantee that my / our interest in the said
policy has not been sold, assigned or transferred to any person, corporation or entity and
that absolute title, complete interest and full benefit in said policy remains in me/us.

That I/We agree to release forever and to discharge absolutely the Company,
its successors-in-interests or assigns from any liability, claim or demand whatsoever or
in any way related or connected therewith; and further agree to indemnify and to hold
harmless the company, its successors-in-interest or assigns from all actions, causes of
actions, claims and demands, whatsoever by reason of or growing out of any interest in
said original policy or any assignment or conveyance thereof.

IN WITNESS WHEREOF, I/We hereunto set my/our signature(s) this _____
day of _____, 20_____.

WITNESSED BY

Policyholder