

APPLICATION FOR CASH SURRENDER AND CERTIFICATE OF RELEASE

<i>Policy No.</i>	<i>Name of Insured/Policyowner</i>

I would like to request payment of the net cash value in exchange for surrender of the attached policy.

In consideration of the foregoing, I, my successors and assignees, hereby forever release and discharge the UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION, its officers, employees, agents, and or representatives, successors-in-interest or assigns from all actions and any further claim, liability or obligation under the said policy.

I further declare under oath that the said policy has not been assigned or transferred to any other third party; that I am the party legally entitled to the benefits under the said policy; that there is at present no insolvency proceedings of my estate (whether voluntary or involuntary) filed or pending in any of the courts of the Philippines; and that I have never been declared insolvent.

Dated at _____, on _____.

WITNESSED BY:

SIGNATURE OVER PRINTED NAME

SIGNATURE OF INSURED/OWNER

SIGNATURE OF IRREVOCABLE
BENEFICIARY

SIGNATURE OF IRREVOCABLE
BENEFICIARY

(POLICY CONTRACT MUST BE RETURNED or SUBMIT AN UNDERTAKING FOR LOST POLICY)

Please put a mark on selected reason/s why you want to surrender your policy (you can check more than one)

- I do not want the coverage/ I do not need the coverage.
- I need cash.
- I cannot afford to pay the premiums.
- I am planning to buy or I have bought a new policy.
- I am no longer connected with my company.
- I cannot avail of a loan anymore.
- Poor service.
- Please specify other reason _____