

Notice of Cancellation

Date: _____

To : COCOLIFE-Policy Service Department
Cocolife Building
6674 Ayala Avenue, Makati City

Re : **VL Policy No.** _____

I wish to cancel my variable life insurance coverage, please refund to me the total Premium Charges and Insurance Charges paid and the Account Value. Attached is the policy contract.

Cited below are the reasons for the cancellation:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of applicant over printed name

Signature of irrevocable beneficiaries -
if applicable:

1. _____
2. _____
3. _____