



**ACKNOWLEDGMENT AND UNDERTAKING**

I, \_\_\_\_\_ of \_\_\_\_\_  
Branch of *United Coconut Planters Life Assurance Corporation* or COCOLIFE, do hereby:

1. Acknowledge receipt of the following check from Claims Department Representing the insurance proceeds under Policy No. \_\_\_\_\_ of \_\_\_\_\_:

<b><i>UCPB Check No.</i></b>	<b><i>Date of Check</i></b>	<b><i>Payee</i></b>	<b><i>Amount</i></b>
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2. Undertake to immediately deliver and personally handover the above-stated check to the named payee/s;
3. Undertake to cause the payee/s to sign the Release and Satisfaction of Claim form and to return the same to Claims Department within three (3) days of release of said check;
4. Agree to assume full responsibility for the non-compliance with any and all the above undertakings.

\_\_\_\_\_  
*(Signature of Witness)*

\_\_\_\_\_  
*(Signature over printed name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*