



COCOLIFE

COCOLIFE Building, 6807 Ayala Avenue Makati City 1226
Tel. No. 8812-9015 * Fax No. 8812-9053

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

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

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of _____