

**POLICY NUMBER:**

LNAME

FNAME

MI

NAME OF INSURED

TO : UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION

RE : SPECIMEN SIGNATURE

Please recognize the signature hereunder specified as my official signatures for all transactions pertaining to my policy(ies). (Please provide three specimens for each type of signature).

(OLD SIGNATURE)

(NEW SIGNATURE)

(NEW SIGNATURE)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Identification (ID) presented:** \_\_\_\_\_

WITNESSED BY:

SIGNATURE OVER PRINTED NAME

BRANCH

DATE

POL\_ADMIN-024-0908-4

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