CERTIFICATE OF RELEASE FORM

POLICY NO.	**NAME OF POLICYOWNER/INSUREDS**

Received from the United Coconut Planters Life Assurance Corporation (COCOLIFE) the proceeds of my policy for transaction of _____.

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 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 filed or pending in any of the courts of the Philippines; and that I have never been declared insolvent.

Dated at _____,on_____.

(Place) (Date)

_____ _____

Signature of Policyowner / Insured over printed name

Signature of Policyowner / Insured over printed name

_____

Signature of Witness over printed name

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."