

UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION COCOLIFE Building, 6807 Ayala Avenue, Makati City 1226 Tel. No. 8810-7888 Fax No. 8812-9039 TIN 000-604-739-000 NV Website: www.cocolife.com



ASSIGNMENT OF LIFE INSURANCE POLICY AS COLLATERAL

For and in consideration of the amount of Passigns, transfers and conveys unto		and as security for the indebtedness mentioned, the undersigned hereby		
assigns, transfers and conv	eys unto	_ 07		
as "ASSIGNEE", all rights, title and interest in and to Policy No CORPORATION upon the life of the undersigned, subject to the terms a			(complete address) issued by UNITED COCONUT PLANTERS LIFE ASSURANCE und conditions of the said policy.	
Furthermore, this assignme being unaffected hereby. U	nt is expressly limited to such proceeds un	ider the policy as m cured, this assignm	o the Assignee as may exist at the time of se ay be necessary to liquidate such indebtedness, ent shall become null and void upon notice of s	the remainder of the policy
Signed at	this	day of	, 20	
	WITNESS		POLICY OWNER	
	WITH MY/OUR CONSENT			
	IRREVOCABLE BENEFICIARY		IRREVOCABLE BENEFICIARY	
REPUBLIC OF THE PHILIF				
At	this	day of	, 20 personally	appeared before me the
undersigned acknowledged to me that th		o me and to me kn htary act and deed.	own to be the same person/s who executed the	
The partynes exhibite		0ws.		
	NAME		RESIDENCE CERTIFICATE NO./ DATE & PLACE ISSUED	
WITNESS MY HAND	AND SEAL on the date and place first ab	ove written.		
			NOTARY PUBLIC	
Doc. No Page No Book No Series of				