CERTIFICATE OF RELEASE FORM

POLICY NO.	NAME OF POLICYOWNER/INSUREDS	
Received from the United Coctransaction of		Corporation (COCOLIFE) the proceeds of my policy for
COCONUT PLANTERS LIFE A	ASSURANCE CORPORATION,	nees, hereby forever release and discharge the UNITED, its officers, employees, agents, and or representatives, er claim, liability or obligation under the said policy.
	nder the said policy; that there is	r transferred to any other third party; that I am the party s at present no insolvency proceedings filed or pending in declared insolvent.
Dated at,on		
(Place)		(Date)
Signature of Policyowner / Insured over printed name		Signature of Policyowner / Insured over printed name
	Signature of Witness of	ver 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."