POLICY NUMBER:		
LAST NAME	FIRST NAME	MIDDLE NAME
TO : UNITED COCONUT PLAN	TERS LIFE ASSURANCE CORPORA	TION
RE : SPECIMEN SIGNATURE	TERO EN E AGGORANGE GORT ORA	TION
Please recognize the signature he my policy(ies). (Please provide three speci		tures for all transactions pertaining to
(OLD SIGNATURE)	(NEW SIGNATURE)	(NEW SIGNATURE)
1		
2		
3		
Identification (ID) presented:		
WITNESSED BY:		
OLOMATURE OVER PRINTER MAME	DI AGE GIGNED	DATE
SIGNATURE OVER PRINTED NAME	PLACE SIGNED	DATE
POL_ADMIN-024-0322-5		
POLICY NUMBER:		
LAST NAME	FIRST NAME	MIDDLE NAME
TO : UNITED COCONUT PLAN	TERS LIFE ASSURANCE CORPORA	TION
RE : SPECIMEN SIGNATURE		
Please recognize the signature he	reunder specified as my official signate	tures for all transactions pertaining to
my policy(ies). (Please provide three speci	mens for each type of signature).	
(OLD SIGNATURE)	(NEW SIGNATURE)	(NEW SIGNATURE)
1	, 	
2		
•		
Identification (ID) presented:		
WITNESSED BY:		
SIGNATURE OVER PRINTED NAME	PLACE SIGNED	DATE