

POLICY NUMBER: _____

LAST NAME

FIRST NAME

MIDDLE NAME

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

PLACE SIGNED

DATE

POL_ADMIN-024-0322-5

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