



COCOLIFE Building, 6807 Ayala Avenue Makati City 1226
Tel. No. 8812-9015 * Fax No. 8812-9039*8812-9040

SPECIAL RISK EXCLUSION – VARIABLE LIFE INSURANCE

ATTACHED TO AND MADE PART OF
POLICY CONTRACT NUMBER _____

This policy is issued by the Company and accepted by the Insured / Policyowner with the understanding that the liability of the Company under this Policy shall be limited to the refund of the total Premium Charges, Insurance Charges, Administrative Charges and Other Charges paid and the Total Account Value determined in accordance with the Death Benefit provision of this Policy, if the insured's death resulted from any injury sustained while participating/acting in any capacity as _____

This Special Risk Exclusion shall apply _____
(duration of exclusion period)

A handwritten signature in black ink, appearing to read "Josemari", is written over a horizontal line.

JOSEMARI ALFONSO G. AQUINO
Head for Operations

This Endorsement has been read and conformed to by the Insured / Policyowner.

INSURED / POLICYOWNER