



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

WAIVER OF RIGHTS TO THE POLICY BENEFITS

I, _____, owner of Policy No. _____, for reasons of gratuity and generosity, hereby waive my rights and interests to claim all living benefits payable under said policy in favor of the insured, if already of age, or his parent/legal guardian, if still a minor at the time of payment.

I am executing this waiver, freely and voluntarily, to attest to the foregoing facts and statements and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I have herewith affixed my signature this _____ day of _____ at _____.

APPLICANT / PAYOR

Witnessed by:

Signature over printed name

Signature over printed name