



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

### **SPECIAL RISK ENDORSEMENT**


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 in the event of death, or diagnosis of a Major Health Condition or a Minor Health Condition as defined in the policy provision, of the insured resulting from any injury inflicted by a third party, the liability of the company shall be limited to the higher of the two amounts.

1. The return of the net premiums accumulated under the Policy at the policy loan interest rate approved by the Insurance Commission; OR
2. A percentage of the Face Amount of the Policy, as shown below:

Period of Coverage (From Policy's Issue Date)	Liability of the Company
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During the 1 <sup>st</sup> Year	10% of the Face Amount
During the 2 <sup>nd</sup> Year	20% of the Face Amount
During the 3 <sup>rd</sup> Year	30% of the Face Amount
During the 4 <sup>th</sup> Year	40% of the Face Amount
During the 5 <sup>th</sup> Year	50% of the Face Amount
During the 6 <sup>th</sup> Year	60% of the Face Amount
During the 7 <sup>th</sup> Year	70% of the Face Amount
During the 8 <sup>th</sup> Year	80% of the Face Amount
During the 9 <sup>th</sup> Year	90% of the Face Amount
During the 10 <sup>th</sup> Year	The Full Face Amount and thereafter

Upon the Insured's death, the net proceeds from this Policy shall be the prescribed amount under this Endorsement less any indebtedness (including interest due or accrued) to the Company existing under this Policy.

  
JOSEMARI ALFONSO G. AQUINO  
Head for Operations

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

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INSURED / POLICYOWNER