



Policy No.

DEED OF ABSOLUTE ASSIGNMENT

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, of legal age, _____ and a
(First Name, Middle Initial, Last Name) *(civil status)*
resident of _____
(Address)

do hereby assign, transfer and set over to _____
(Name of the Assignee)

the said policy and any supplementary contracts issued in connection therewith and all claims, options, privileges, rights, titles and interests therein and thereunder, subject to all the terms and conditions of the Policy and to all superior liens, if any, which the Insurer may have against the Policy. The sole signature of the Assignee shall be sufficient for the exercise of any rights under the Policy assigned hereby and for the sole receipt of the Assignee for any sums received shall be full discharge and release therefore to the insurer.

Done at _____ this _____ day of _____.

Signature over printed name of Insured or Policyowner

With my consent:

Signature over printed name of Irrevocable Beneficiary/ies

Signed in the Presence of:

Signature over printed name of Witness

Signature over printed name of Witness

REPUBLIC OF THE PHILIPPINES
(_____) S.S.

At _____ this _____ day of _____, _____ personally appeared before me, the undersigned _____, known to me and to me known to be the same person/s who executed the foregoing instrument and acknowledged to me that the same is his/her/their free, voluntary act and deed.

The parties exhibited their residence certificate as follows:

WITNESS MY HAND AND SEAL on the date and at the place first above written.

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

Notary Public