



Death Claim Payment Receipt and Release

RECEIVED from THE INSULAR LIFE ASSURANCE COMPANY, LTD., the sum of _____ Pesos (P_____), in full satisfaction of my claim under Policy No. _____, issued/assumed by said Company on the life of _____ (Name of Policyholder), who died on_____.

(Detailed statement of the above amount appears at the back of this receipt.)

In consideration of this payment, I hereby surrender to THE INSULAR LIFE ASSURANCE COMPANY, LTD., the life insurance policy described above, consent to its cancellation, absolutely release and discharge said Company from any and all claim, demand and liability under said policy and forever warrant and defend the aforesaid payment against, and save harmless the Company from, any and all other claimants.

Signed at _____ on _____.

Signature over Printed Name of Beneficiary - Payee

Signature over Printed Name of Beneficiary - Payee

Signature over Printed Name of Beneficiary - Payee

Signature over Printed Name of Beneficiary - Payee

Signature over Printed Name of Beneficiary - Payee

WITNESSES TO PAYEE'S SIGNATURE:

1. _____
Signature over Printed Name

Address

2. _____
Signature over Printed Name

Address