COCOLIFE

CERTIFICATE OF CLAIMANT/S

Instructions:

This certificate must be accomplished by the beneficiaries of legal age to whom the insurance proceeds are payable. If the insurance proceeds are payable to minor/s, the certificate must be accomplished by his/her legal or judicial guardian, an official certificate of whose appointment and qualification must be submitted. If any beneficiary has died, a certified copy of the death certificate of such beneficiary must be submitted. Every question must be distinctly and fully answered.

A. GENERAL DATA OF DECEASED

1. Full Name (Please print) _____
   b. If deceased was a married woman, state maiden name _____
2. a. Date of birth _____ b. Place of birth _____
   c. Source from which date of birth was obtained _____
   (Family record or other record of certificate of birth should be referred to).
3. Residence at death _____
4. a. Date of death _____ b. Cause of death _____
5. a. Occupation at date of death _____
   b. Date deceased last attended his usual work _____

INSURANCE POLICIES OF DECEASED

Name of Company	Policy Number	Date Issued	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. HEALTH HISTORY OF DECEASED

1. Date deceased first complained or showed symptoms of last illness _____
2. Date deceased first consulted a physician for his last illness _____
3. Names and addresses of all physicians consulted by the deceased during the last three years and of hospitals or other institutions where the deceased was confined or received treatment within the last three years:

Name of Physician/Hosp./Institution	Address	Date of Attendance/ Confinement From	To	Illness or Condition
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

==========

CERTIFICATE OF AUTHORIZATION

This authorizes THE UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION and/or its duly authorized representatives to secure whatever information or records are available from government and private hospitals and offices. This authorization is being made in connection with a claim on the insurance policy or policies issued by the insurance company on the life of the deceased.

It is understood that any action you may take in connection with this authorization releases you or any and all members of your staff from any responsibility or obligation with the release of such records of information

_____ Witness
(Please sign over Printed Name)

_____ Beneficiary-Claimant
(Please sign over Printed Name)

C. BENEFICIARY/IES – CLAIMANT/S

Are you electing one of the optional modes of settlement in lieu of an immediate cash payment? _____ If so, which mode of settlement? _____
(Not applicable if the claim does not involve a lump sum cash payment)

The undersigned hereby make/s claim to the insurance benefits of the deceased in the UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION and agree/s that the written statements and affidavits of all the physicians who attended or treated the deceased and all other papers called for by instructions hereon, shall constitute, and they are hereby made a part of, these Proofs of Death, and further agree/s that the furnishing of this form, or of any other forms supplemental hereto, by said Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question, nor a waiver of any of its rights to defense.

Full Name	Date of Birth	Relationship to deceased	Signature

Contact No. _____ Date Accomplished _____

Basic Requirements:

The following documents should also be submitted:

1. Death Certificate
2. Policy Contract
3. Birth Certificate of Insured
4. Proof of Relationship of Beneficiary.

The Company reserves the right to require or obtain further information should it deem necessary.

(Avoid expense : It is not necessary to employ the service of a person, firm or corporation regarding this claim. Write to : Claims Department, COCOLIFE Building, 6774 Ayala Ave., Makati City; or contact our provincial office nearest your residence. It is our duty to expedite action on this claim. We do not charge for this service.)