

INSURED'S NAME (Please print) _____ ADDRESS _____ _____ _____	POLICY NUMBER _____ PLEASE SEND THE DUPLICATE POLICY TO: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Branch/Service Office <input type="checkbox"/> Hold for Pick-up
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I, _____, a _____ citizen of legal age, Single/Married/Widowed/Divorced/Separated and residing at _____, Philippines, the Insured/Owner of Policy No. _____ issued by THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY do hereby request the said company to issue a copy of the Policy in consideration of which I forever release and absolutely discharge the said Company, its successors and assignees, from any and all liabilities, claims, and demands in or to said original Policy No. _____.

WHEREAS, said original Policy No _____ has been _____.

NOW, THEREFORE, in consideration of the premises, I agree to indemnify and save harmless said Company from all actions, causes of action, claims and demands growing out of any interest in said original Policy, or any assignment thereof.

IN WITNESS WHEREOF, I have hereunto set my hand at _____, Philippines this _____ day of _____, 20____.

IN THE PRESENCE OF:

(Signature of Witness over Printed Name)

Insured/Owner

(Address)

The undersigned hereby agrees to the above:

(Signature of Witness over Printed Name)

(Address)

Irrevocable Beneficiary

.....
REPUBLIC OF THE PHILIPPINES)
_____) S.S.
_____)

Before me, the undersigned Notary Public in and for _____ personally appeared:

Name _____
Place of Issue _____

Residence Cert. No _____
Date of Issue _____

known to me and to me known to be the person who executed the foregoing Agreement, and acknowledged to me that they executed the same as their own and free voluntary act and deed.

IN WITNESS WHEREOF, I have set my hand and affixed my seal at _____, Philippines, this _____ day of _____, 20____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC

My commission expires on _____.

A duplicate contract has been issued by THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY.

Signed, _____ at _____, on _____
Assistant Secretary Office Date