

Date: \_\_\_\_\_

### CERTIFICATION

This is to certify that based on existing records of the (Name of Cooperative), [Name of Designated Beneficiary (relationship to insured)], is/are the only declared beneficiary/ies of (Name of Insured).

Accordingly, we hereby hold the Cooperative Insurance System of the Philippines free and harmless from any and all claims and/or liabilities, of whatsoever kind or nature, arising from the release of the death and other benefits/receivable to the aforesaid beneficiary/ies.

This certification is being issued for the processing of the insurance claims of said (Name of beneficiary/ies).

Signature over Printed Name  
Manager

(Not Valid  
Without Coop  
Dry Seal)

Notary Public

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 2015 \_\_\_\_\_

**Note: Any mark, erasure or alteration of any entry invalidates this certification.**