

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

WAIVER

I/WE, (Name of other beneficiaries), do by these presents WAIVE, ASSIGN AND TRANSFER all our rights, interests, shares, and participation, over the death and other benefits/ receivables of the deceased, (Name of Insured) from (Name of Cooperative) in favor of our co- heirs/ (Name of Designated Beneficiary/ies), also of legal age, Filipino citizen and a resident of (Address of the Designated Beneficiary).

Therefore, 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 (Name of Designated Beneficiary).

That I/WE, (Name of Designated Beneficiary), do hereby accept the waiver of rights made by (Name of other beneficiaries) over the above-mentioned death and other benefits/ receivables of the deceased, (Name of insured), in my/our favor.

This certification is being issued for the processing of the Insurance Claims of said (name of beneficiary).

Signature over Printed Name  
Beneficiaries \_\_\_\_\_

Signature over Printed Name  
Designated Beneficiary \_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_

REPUBLIC OF THE PHILIPPINES }  
CITY OF \_\_\_\_\_ } SS.

ACKNOWLEDGEMENT

Before me, a Notary Public for and in the City of \_\_\_\_\_, Philippines,  
this \_\_\_\_\_ day of \_\_\_\_\_, 2015, personally appeared :

Name	Proof of Identity
_____	Philippine Passport No. _____ Issued on _____, _____ at _____ Valid until _____, _____

_____	Philippine Passport No. _____
_____	Issued on _____, _____ at _____
_____	Valid until _____, _____

known to me and to me known to be the same persons who executed the foregoing instrument consisting of \_\_\_\_\_ ( ) useful pages, excluding its annexes but including this page where this acknowledgement is written, signed by them and their instrumental witnesses in each and every page thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my notarial seal, on the day, year and place above written.

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