



## **Affidavit of Actual Custody**

(Any Relative with Actual Custody of Minor)

I,			, of lega	l age,	, with address	
,					, with address	
state t				, after having beer	n duly sworn, depose and	
1.	I am the(state relationship) of the following minor/s:					
		Name of Minors	Date of Birth	Policy Number	Interest (Policy Owner/Insured/ Beneficiary)	
2.	I have grandp	I have custody over the said minor/s on account of death or incapacity of both parents, all grandparents and all siblings of the minor/s;				
3.	I act a	I act as the minor's actual custodian, not having been disqualified by any competent authority, nor having suffered any legal disqualification.				
4.		Said minor/s is/are currently living with me and is/are under my actual care as shown in the attached documents. (e.g. Barangay Certification, school record, or similar documents)				
5.	I execute this affidavit to request The Insular Life Assurance Company, Ltd. ("Company") to allow me to:					
	(a) (b) (c)	apply for in behalf of the said minor/s; receive FULL PARTIAL proceeds from in the amount not to exceed Php500,000.00 for each minor; give consent to policy transaction/s namely, in behalf of the said minor, who is designated as irrevocable beneficiary, where his/her/their interest does not exceed Php500,000.00.				
6.	I hereby hold the Company, its present and future agents, employees, officers and trustees, and duly authorized signatories, free and harmless from any and all claims, damages and liabilities in connection with the above, and shall forever warrant to defend said action against any and all persons who may assert any right under the Policy or file an adverse claim thereon and to indemnify the Company of whatever payment it may make, or damages and expenses it may incur, by reason of such action					
				Name a	nd Signature	
				Landline No		
	nally app	CRIBED AND SWORN T beared before me exhi at	biting (Competer	nt Evidence of Identi	affiant ty) No.	
Book I	No No No of	_; _;				