



AFFIDAVIT OF SUBSTITUTE PARENTAL AUTHORITY

(Grandparents, Sibling)

REPUBLIC OF THE PHILIPPINES)				
	l,(Relative)	, of legal ag	ge,, with ^(Civil Status) , with ving been duly swo	address at orn, depose and state that:
1.	I am the(state relationship) of the following min			
	Name of Minors	Date of Birth	Policy Number	Interest (Policy Owner/Insured/ Beneficiary)
2.	I exercise sole substitute parental authority over the said minor on account of: death or incapacity of both parents; or court order			
3.	In my exercise of substitute parental authority, I act as the guardian over the minor's property/ies, not having been disqualified by any competent authority, nor having suffered any legal disqualification to administer the property/ies of said minors.			
4.	No other person has been declared as judicial guardian of the said minor/s.			
5.	I execute this affidavit to request The Insular Life Assurance Company, Ltd. ("Company") to allow me to:			
(b) (c)	(a) 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, all 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 and Signature			
			Date of Birth Landline No. Mobile No.	
Doc. I Book I Page	SUBSCRIBED AND SWO repersonally appeared No. issued of No; No; No; of	before me exh	ibiting (Competer	nt Evidence of Identity)