



DEED OF SURRENDER

POLICY NUMBER

INSURED/OWNER

KNOW ALL MEN BY THESE PRESENTS:

Receipt is hereby acknowledged from the **Etiqa Philippines** the amount of _____
_____ & _____ /100 (PhP _____) in full
settlement of the proceeds of the aforementioned policy number.

In consideration of the payment mentioned above, I/We hereby surrender said Insurance Policy to
the said Company for cancellation and waive all rights and claims on the same.

I/We hereby declare that the said Insurance Policy has not been assigned or transferred to any
other third party; that I/We am/are the party/ies legally entitled to the benefits under the said Insurance
Policy; that there are/is at present no insolvency proceedings of my/our estate (whether voluntary or
involuntary) pending in any of the courts of the Philippines; that I/We have never been declared insolvent;
and that no proceedings in insolvency have ever been instituted by or against me/us.

Signed at _____ this _____ day of _____.

WITNESS

INSURED/OWNER

ADDRESS

SIGNATURE OF IRREVOCABLE BENEFICIARY

WITNESS

SIGNATURE OF IRREVOCABLE BENEFICIARY

ADDRESS

ASSIGNEE, IF ANY

THE POLICY CONTRACT MUST BE RETURNED TO THE COMPANY WITH THIS FORM.