

Date: _____

DEED OF WAIVER AND QUIT CLAIM

Received from NATCCO MBAI the amount of _____
(amount in words)

(PhP _____) representing the full and final settlement on the *BLIP / CLIP* Benefit released by NATCCO MBAI on the life of _____ (Policy Number _____).
(name of insured)

I/We hereby release forever the NATCCO MBAI, its successors, Board of Trustees, officers, and employees, free from any further claim, liability, suit or damage arising out of this insurance policy.

Signature of Beneficiary over Printed Name

Cooperative: _____

Check No.: _____

Amount: _____

Date deposited: _____