

STATEMENT OF CLAIMANT

ST. PETER LIFE PLAN, INC

St. Peter Life Plan Bldg. Quezon Ave. cor. #2 West 4th St., Quezon City

To Whom It May Concern:

I/We have the honor to give statements and answer the following questions in connection to the cash assistance benefit of _____ with ST. PETER LIFE PLAN, INC.

I/We hereby submit these statements and answers to form part of the proof of death of the Planholder and may our claim for payment of the proceeds of Policy No. _____, with effectivity date on _____, amount covered _____ Pesos be given to us accordingly.

Every question must be completely answered, and the Corporation reserves the right to require further information if necessary. (Please write legibly).

1. a. Full name of claimant	a.
b. Age of claimant	b.
c. Residence of claimant	c.
2. a. Full name of deceased planholder	a.
b. Residence of deceased planholder	b.
3. Occupation of deceased planholder:	
4. a. Place of birth of deceased	a.
b. Date of birth	b.
c. Upon what source of information do you base your answer to the preceding questions? (Family records, certificate of birth, certificate of baptism, etc..)	c.
5. a. Place of death.	a.
b. Date of death.	b.
c. Cause of death.	c.
d. State any other facts regarding manner of death.	d.
6. a. Give details of any illness, other than the last one, ever suffered by the deceased planholder.	a.
b. Give names and residence of every physician who attended the deceased during the year prior to death.	b.
7. a. Give date and hour when deceased first complained of last illness	a.
b. Give date and hour of first visit by physician who attended deceased during his/her last illness.	b.
8. a. Are you legally entitled to receive the entire amount payable on the policy? Why (state relationship to deceased)?	a.
b. Who has been paying the premium of the policy?	b.
9. In what other companies and for what amounts was the deceased insured?	
10. Are there any proceedings in insolvency on suspension of payment to creditors now pending against the insured or any of the claimant?	
11. Do you guarantee that all the statements and answers made by you in this questionnaire are true and that you have not concealed any material fact from the Corporation?	

Signature