



AFFIDAVIT OF SUBSTITUTE PARENTAL AUTHORITY
(Grandparents, Sibling)

REPUBLIC OF THE PHILIPPINES)

_____)

I, _____, of legal age, _____, with address at _____
(Name of Grandparent or Sibling) (Civil Status)

_____, after having been duly sworn, depose and state that:

1. I am the _____ of the minor _____,
(state relationship) (Name of Minor)
born on _____, who has interest under the following:

Policy Number	Interest of Minor (Policy Owner/Beneficiary)	Transaction Requested

2. I exercise sole substitute parental authority over the said minor on account of:
 death, absence or incapacity of both parents (in the case of grandparent as guardian);
 death, absence or incapacity of grandparent (in the case of sibling as guardian); 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 minor.

4. No other person has been declared as judicial guardian of the said minor.

5. In accordance with Section 182 of the Insurance Code, I represent the said minor in exercising his/her right under the policy/ies where his/her interest does not exceed Php500,000.00, and to allow me to:

- (a) apply for the above transaction/s, except for transfer of ownership, assignment of policy and any transaction which may prejudice the interest of the minor under the policy;
- (b) give the minor's consent to the above transaction/s,
- (c) receive the proceeds, where applicable.

6. Upon my receipt of proceeds, such payment shall be considered as payment to the minor, and shall relieve Insular Life of any liability resulting from such transaction/s.

7. I, in behalf of the minor, 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. _____

SUBSCRIBED AND SWORN TO before me on _____ at _____ affiant
personally appeared before me exhibiting (Competent Evidence of Identity) _____ No.
issued on _____ at _____.

Doc. No. _____;
Book No. _____;
Page No. _____;
Series of _____.