

Republic of the Philippines...)
Quezon City.....)

AFFIDAVIT OF LIABILITY

I, _____, Filipino, of legal age and with residence at _____, after having been duly sworn to in accordance with law, do hereby depose and state that:

1. My _____, _____ was a member
Relationship to Deceased *Name of Deceased*
of the Mutual Aid System (MAS) of the Philippine Public School Teachers Association, INC. (PPSTA) but his/her policy was considered cancelled at the time of his/her death on _____ due to non-payment of premium dues;
Date of Death
2. I am one of the beneficiaries of _____ in his/her PPSTA MAS;
Name of Deceased
3. Considering the measly amount of the equity value from PPSTA of _____ and upon my request as well as prior approval of my co-
Name of Deceased
beneficiaries, PPSTA entrusted to me in full;
4. I assume full and release PPSTA of responsibility and liability should my co-beneficiary/ies or his/her/their authorized representative/s or agent/s file a separate claim before PPSTA for the release of his/her/their share/s from the equity value of _____ from the aforesaid Association
Name of Deceased
5. I am executing this affidavit to attest to the veracity of the facts above-stated and for whatever legal purpose this may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this ____th day of _____, 20__ at _____, Philippines.

Signature Over Printed Name of Affiant-Claimant
CTC No. _____
Issued at _____
Issued on _____

SUBSCRIBED AND SWORN to before me this ____th day of _____, 20__ at _____, Philippines.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20__