

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 an active member
Relationship to Deceased *Name of Deceased*
of the Mutual Aid System (MAS) Plan 2 of the Philippine Public School Teachers Association, INC. (PPSTA) at the time of his/her death on _____;
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 death benefit from PPSTA of _____ and upon my request as well as prior approval of my co-
Name of Deceased
beneficiaries, PPSTA entrusted to me the said death benefit 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 in death benefit from the aforesaid Association of _____ and
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 _____, 2016 at Quezon City, Philippines.

Signature Over Printed Name of Affiant-Claimant

CTC No. _____

Issued at _____

Issued on _____

SUBSCRIBED AND SWORN to before me this ____th day of _____, 2016 at Quezon City, Philippines.

NOTARY PUBLIC

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