

Address: _____

Date: _____

PARAMOUNT LIFE AND GEN. INSURANCE CORP.

11th Floor, Sage House
110 V. A. Rufino St. Legaspi Village
1200 Makati City

SUBJECT: Policy Number _____

Gentlemen:

This to certify that I am the Insured/Owner/Guardian named in the captioned Policy Number and that my present signature is the one appearing below which appears different from my old signature shown in my application for insurance. I hereby authorized PARAMOUNT LIFE AND GENERAL INSURANCE CORPORATION to recognize no other signatures for all transactions under my said policy except the signatures appearing below.

PRINT NAME OF INSURED : _____

Present Signature of Insured:

Old Signature of Insured :

Witness to Signature of Insured:

NAME (Please Print)

Signature