

AFFIDAVIT OF GUARDIANSHIP WITH UNDERTAKING

I, _____, of legal age, Filipino, (MARITAL STATUS), with residence and postal address at _____, after having been duly sworn to in accordance with law, do hereby depose and state:

1. That, I am the (RELATIONSHIP) of (NAME OF ASSURED) who died intestate on (DATE OF DEATH) at (PLACE OF DEATH) That, his/her beneficiary in the said insurance is my (RELATIONSHIP TO THE MINOR) namely:

NAME	DATE OF BIRTH
_____	_____

2. That, I am the acting guardian of the above minor and he/she is under my actual care and custody.
3. That, in consideration to my request for the release of the insurance proceeds under Policy No. _____ amounting to _____, I hereby release, waive and forever discharge Sun Life Grepa Financial, Inc. its principals, stockholders, affiliates, officers, directors, agents, employees, associates, successors-in-interest, branches, contractors and consultants (collectively, the "Persons") from any and all claims, rights and interest, demands, and causes of action whatsoever, whether civil, criminal, administrative or otherwise or from any claim of any kind or character, which we had, may now have, or may acquire in the future, known or unknown, by the reason of any matter, cause or thing whatsoever, arising out of or incidental to, directly or indirectly with the insurance policy, and the payment of insurance proceeds as indicated herein.
4. I covenant and agree to indemnify and save and hold Sun Life Grepa Financial, Inc., and/or Persons free and harmless from, and shall protect the same against, any and all costs, expenses, liabilities, loss, damages, demands or any cause of action whatsoever in law or in equity (including, without limitation, attorney's fees and other costs and expenses incident to any suit, action or proceeding) and to pay Sun Life Grepa Financial, Inc. and/or the Persons, including their successors-in-interest, on demand, the full amount of any and all sums that may have been incurred by Sun Life Grepa Financial, Inc. and/or the Persons or that the Company, and/or the Persons may suffer, arising wholly or partially out of our resulting from the payment of the insurance proceeds.
5. That, I am executing this affidavit to support my claim at the Sun Life Grepa Financial Inc, and for any legal purpose this may serve best.
6. That, I hereby states that I have carefully read and understood the foregoing statement and have signed the same freely and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hands this ____ day of _____ in the city of _____.

(Printed Name and Signature of Affiant)

SUBSCRIBED AND SWORN TO before me, this ____ day of _____ 2020 at _____, Philippines, affiant having exhibited to me his/her Competent Evidence of Identity as _____ <valid ID/s> _____

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