



ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.

Col Bonny Serrano Road cor E. Delos Santos Avenue, Quezon City
Contact Nos. (8) 822-MBAI (6224) Website: www.afpmbai.com.ph

RELEASE, WAIVER, AND QUITCLAIM

KNOW ALL MEN BY THESE PRESENTS:

I, _____, of legal age, Filipino, single/married/widow, and presently residing at _____, for and in consideration of the sum of Pesos: _____ (P_____) receipt IN FULL is hereby acknowledged from the ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC. (AFPMBAI) representing:

- Cash Surrender Value of Policy No. _____
- Termination Benefit of Policy No. _____
- Maturity Benefit of Policy No. _____
- Death Benefit of Policy No. _____

1. Consequent to such receipt, I hereby fully, completely and absolutely, release, remise, and forever discharge the AFPMBAI, its successors-in-interest, shareholders, officers, trustees, and/or its duly authorized representatives from any action, liability, sum of money, damages, claims and demands whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have by reason of, and up to the time of these presents, arising wholly or partially from the release/payment of the abovementioned AFPMBAI benefit/claim;
2. Any and all actions which I may have commenced either solely in my name or jointly with others before any Office, Board, Bureau, Court, or Tribunal against AFPMBAI, its successors-in-interest, shareholders, officers, trustees, and/or its duly authorized agents/representatives arising from the release/payment of the abovementioned AFPMBAI benefit/claim are hereby deemed or considered voluntarily withdrawn and I shall no longer testify or continue to prosecute the said action/s;
3. I shall defend and, whenever entitled to, indemnify AFPMBAI, its successors-in-interest, stockholders, officers, trustees, and/or its duly authorized agents/representatives from any and all claims, demands, liabilities, and causes of action, in law or equity, costs and expenses, including attorney’s fees, interests, penalties and other damages arising from such litigation or suit arising from or connected with the release/payment of the abovementioned AFPMBAI benefit/claim;
4. I finally declare that I have read and fully understood this document denominated as **Release, Waiver, and Quitclaim** consisting of one (1) page, and the covenants, stipulations and undertakings herein are all made willingly and voluntarily and with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ at _____.

PRIVACY NOTICE AS PER REPUBLIC ACT NO. 10173

AFPMBAI upholds an individual’s data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (RA 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

By supplying my personal data, I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to AFPMBAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from AFPMBAI, also to enable AFPMBAI to service my account/s, to provide all existing features and future enhancements thereto, and to avail other AFPMBAI products, services, facilities and channels as the AFPMBAI deems necessary. I agree to hold AFPMBAI, its affiliates, subsidiaries and third party service providers free and harmless from any liability arising from or in connection with the consent herein given.

Policyholder/Beneficiary
ID No. _____
Issued at _____

Signed in the presence of: _____

ACKNOWLEDGMENT

(Republic of the Philippines _____) S.S.

BEFORE ME, a Notary Public for and in _____, this _____, personally appeared the above named Policyholder/Claimant and showed competent proof of identity written below his/her name known to me to be the same person who executed the foregoing Release, Waiver, and Quitclaim and acknowledged to me that the same is his/her voluntary act and deed.

WITNESS MY HAND AND SEAL.

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