

Republic of the Philippines )  
Province of Pangasinan ) S.S.  
Municipality of \_\_\_\_\_)

## **AFFIDAVIT**

I, \_\_\_\_\_ of legal age and residing at \_\_\_\_\_ after being duly sworn to in accordance with law, depose and say:

That I am a member of the TAP Mutual Aid System as evidence by Certificate of Membership No. \_\_\_\_\_ effective \_\_\_\_\_.

That I desire to add/change my beneficiaries recorded in my previous application form.

NAME	ADDRESS	AGE	RELATIONSHIP	ALLOCATION

That I am executing this affidavit in compliance with the Rules and Regulations of the System and that I am doing this act freely and voluntarily.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_ Affiant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of 20\_\_\_\_ at \_\_\_\_\_, affiant exhibited to me his/her Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_.

\_\_\_\_\_ NOTARY PUBLIC  
Until December 31, 20\_\_\_\_

Doc. No. \_\_\_\_\_  
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Book No. \_\_\_\_\_  
Series of \_\_\_\_\_