

Republic of the Philippines)
Province of Pangasinan) S.S.
Municipality of _____)

A F F I D A V I T

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