



**SPECIMEN SIGNATURE FORM**

Complete Name:

Last Name

First Name

Middle Name

Contract Number(s):

**Please recognize the signature hereunder specified as my official signatures for all transactions pertaining to my policy(ies).**

(A)

Signature in Application Form

(B)

Signature in Reinstatement Form

(C)

Others

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Note: Please provide three (3) specimen for each type of signature.

\_\_\_\_\_  
WITNESS  
(Signature over printed name)

\_\_\_\_\_  
DATE



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