

REPUBLIC OF THE PHILIPPINES)
_____)S.S

AFFIDAVIT OF HEIRSHIP WITH GUARDIANSHIP

I/We, _____, _____, and _____ of legal age(s), Filipino(s), single/married, with address at _____, after being sworn in accordance with the law, as the legal heir(s), and for and in behalf of the minor heir(s) as applicable, hereby depose and state:

1. That _____ (Name of deceased client) is a member of TSPI Development Corporation _____ Branch since _____ (date of membership);
2. That _____ (Name of client) died on _____, at _____, a copy of her **duly-registered Death Certificate** is hereto attached forming an integral part thereof;
3. That I/We, _____, _____, and _____ am/are her legal heir(s), she, being my/our _____ (state relationship to deceased ex: wife or mother);
4. That _____ (Name of client) at the time of her death is also a member of TSPI-Mutual Benefits Association Inc. and as such I/We, being her legal heir(s), am/are entitled to the insurance that she left for me/us;

(Disregard Items 5-7 if not applicable)

5. That I, _____, am the guardian of the minor heirs named _____, _____, and _____, being the _____ (relationship) who has an interest in the TSPI-Mutual Benefit Association, Inc. insurance provident benefits of the late _____ payable by TSPI MBI:

NAME OF MINOR HEIRS	DATE OF BIRTH	AGE
1. _____	_____	_____
2. _____	_____	_____

6. That the above mentioned minor heir(s) is/are under my care and custody;
7. That I am competent to receive in behalf of the said person any amount due him/her and I hereby understand that the insurance proceeds will be under my trust and care until the beneficiary(ies) turn 18 years of age and are legally capacitated to handle or manage said proceeds and **I will not use the insurance proceeds entrusted to me for personal use or gain** or in no way compromise, sell or encumber the insurance proceeds of the minor beneficiary(ies) or participate the proceeds in any act whatsoever that is contrary to the interest of the minor beneficiary(ies);
8. That she has no other legal heirs besides me/us to which I/We am/are aware of;
9. That I/We are executing this Affidavit to attest to the truth of the foregoing statements and to show that the life insurance of _____ (name of client) be paid, assigned, or transferred to me/us and this Affidavit is likewise executed for such other purpose(s) it may serve.

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

NAME OF LEGAL HEIRS	SIGNATURE
1. _____	_____
2. _____	_____
3. _____	_____

NAME OF GUARDIAN _____

SUBSCRIBED AND SWORN TO before me this _____ in _____ with affiant(s) exhibiting to me their CTC No. _____ issued on _____ at _____.

NOTARY PUBLIC
Doc. No. _____
Page No. _____
Book No. _____
Series of 20____.