**for MAS65 LAPSE / RETRACTED*

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 whereof in full is hereby acknowledged from Pangasinan Public School Teachers Mutual Benefit Association, Inc. (the "Association") with office address at Teachers Building, Maramba Boulevard, Poblacion, Lingayen, Pangasinan representing full payment of the **Mutual Aid System 65 (MAS65)** Benefit of the late _____ under Policy No. _____, hereby declare and accept that I have no more right or interest of any kind whatsoever from the Association arising from the said policies and I further state that:

1. I release, remise and forever discharge the Association, its successors-in-interest 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 any matter, cause or thing whatsoever, up to the time of these presents, arising wholly or partially from the release/payment of the abovementioned Association benefit/claim;

2. I finally declare that I have read and fully understood this document denominated as Release Waiver and Quitclaim which is hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto affixed my signature on this _____th day of _____, at _____.

_____
Affiant

Signed in the presence of:

_____ _____
Witness Witness

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)
_____, PANGASINAN……..) S.S.

BEFORE ME, a Notary Public, on this ___th day of _____, at _____, _____, personally came and appeared _____, with Community Tax Certificate Number _____, issued at _____, on _____,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 SEAL, on the date and at the place above written.

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