

Republic of the Philippines...)  
Quezon City.....)

**AFFIDAVIT OF LIABILITY**

I, \_\_\_\_\_, Filipino, of legal age and with residence at \_\_\_\_\_, after having been duly sworn to in accordance with law, do hereby depose and state that:

- 1. My \_\_\_\_\_, \_\_\_\_\_ was a member  
*Relationship to Deceased*                      *Name of Deceased*  
of the Mutual Aid System (MAS) of the Philippine Public School Teachers Association (PPSTA) but his/her policy was considered cancelled at the time of his/her death on \_\_\_\_\_ due to non-payment of premium dues;  
*Date of Death*
- 2. I am one of the beneficiaries of \_\_\_\_\_ in his/her PPSTA MAS;  
*Name of Deceased*
- 3. Considering the measly amount of the equity value from PPSTA of \_\_\_\_\_ and upon my request as well as prior approval of my co-  
*Name of Deceased*  
beneficiaries, PPSTA entrusted to me in full;
- 4. I assume full and release PPSTA of responsibility and liability should my co-beneficiary/ies or his/her/their authorized representative/s or agent/s file a separate claim before PPSTA for the release of his/her/their share/s from the equity value of \_\_\_\_\_ from the aforesaid Association  
*Name of Deceased*
- 5. I am executing this affidavit to attest to the veracity of the facts above-stated and for whatever legal purpose this may serve.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_th day of \_\_\_\_\_, 2017 at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**Signature Over Printed Name of Affiant-Claimant**  
CTC No. \_\_\_\_\_  
Issued at \_\_\_\_\_  
Issued on \_\_\_\_\_

**SUBSCRIBED AND SWORN** to before me this \_\_\_th day of \_\_\_\_\_, 2017 at \_\_\_\_\_, Philippines.

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