



## **DEED OF WAIVER AND QUIT CLAIM**

Received from	NATCCO	MBAI the	amount of	f							
					(amount in words)						
(PhP			_) representing the full and final settlement on the DA						———— AMAYAN / LOAN		
GUARANTEE	PLAN	Death	Benefit		-	NATCCO umber				life of	
	(name o	of insured)	(Policy Number								
I/We hereby re employees, free											
Signature of	Beneficia	ary over I	Printed Na	ıme							
Cooperative:											
Check No.:								<del> </del>			
Amount:								<del></del>			
Date deposited	:										

