

Republic of the Philippines } S.S.
City of

AUTHORITY TO DEPOSIT

I, _____, of legal age, and with address at _____, after being duly sworn in accordance with law, hereby declare and state that:

1. I am the Guardian of _____, the (encircle) **Nominee / Beneficiary** (“**Recipient**”) designated by the Planholder, _____ (the “**Planholder**”) with _____ Plan No. _____ (the “**Plan**”) issued by PhilPlans First, Inc. (“**PhilPlans**”), and the Recipient is currently a minor who will become of legal age at eighteen (18) years old on date _____ as shown by a certified true copy of the minor Recipient’s PSA-issued Certificate of Live Birth attached hereto as Annex “**1**”;
2. I am executing this Authority to Deposit (the “**Authority**”) both in my behalf and in behalf of the Recipient, who is my (state relationship) _____ and who is entitled to receive certain benefits due from the Plan (the “**Benefit**,”) in order to facilitate the collection of the Benefits in behalf of the minor Recipient and for all other lawful purposes that it may serve;
3. I agree and acknowledge as Guardian of the Recipient to claim said Benefit on behalf of the minor Recipient, to hold and preserve the Benefit in trust for the minor Recipient, to use such Benefit exclusively for the benefit of the minor Recipient, **and** I further assume any and all liabilities for the Benefit that may be allocated for the exclusive use of the minor Recipient;
4. I agree and acknowledge to immediately surrender all amounts received to the persons below in the following order:
 - 4.1. The minor Recipient, once he/she reaches legal age;
 - 4.2. The Legal Guardians of the minor Recipient consisting of both parents of the minor who are both alive and are living together with the minor;
 - 4.3. The Legal Guardian of the minor Recipient consisting of the remaining alive parent of the minor and is living together with the minor; or
 - 4.4. The Legal Guardian of the minor Recipient appointed by a court of appropriate jurisdiction if said Legal Guardian is different from the undersigned.
5. I authorize PhilPlans to deposit any and all checks representing the Benefit (the “**Benefit Deposit**”) to the (indicate *Savings or Checking*) _____ Account No. _____ with the (indicate *bank name*) _____ under the name of _____ (the “**Bank Account**,”) and I hereby certify that the Bank Account information is true and accurate, that PhilPlans may rely on the same for all lawful purposes, and hold PhilPlans free and harmless if any error in the remittance occurs due error in the information provided;
6. Subject to the Benefit Deposit by PhilPlans to the Bank Account, I hereby acknowledge, in my behalf and in behalf of the Recipient, the full receipt of each and every Benefit duly deposited by PhilPlans; *Provided*, That a deposit slip, or its equivalent supplied by PhilPlans indicating a credit to the Bank Account with an amount equal to any applicable Benefit shall be deemed conclusive proof of my and the Recipient’s receipt of the applicable Benefit from PhilPlans;
7. Upon the Benefit Deposit to the Bank Account of the last remaining Benefit under the Plan, I thereafter declare, in my behalf and in behalf of the Recipient, that PhilPlans has fulfilled all of its obligations from said Plan, which is thereafter deemed terminated immediately, and for which I, in my behalf and in behalf of the Recipient, hereby release and forever discharge PhilPlans from all actions, claims and demands whatsoever that now exist or may hereafter develop, including all known, unknown and unanticipated claims arising out of my receipt of any and all Benefit received under the Plan pursuant to this Authority;
8. I hereby undertake, in my behalf and in behalf of the Recipient, to defend, to hold free and harmless, to assume all liabilities in favor of, and to reimburse whenever necessary, PhilPlans, its assigns and successors-in-interest, from and for all claims, liabilities, demands, damages, deficiencies, costs and expenses of whatever kind or nature in connection with any civil, criminal, administrative or investigative action, suit or proceeding to which PhilPlans may be subject by reason of, or arising from, PhilPlans’ release of the Benefit pursuant to this Authority;

9. I agree that PhilPlans may bring an action to seek an award for damages resulting from breach by me and/or the Recipient of any provision of this Authority, and such award shall include, but shall not be limited to, the return of whatever sums that I and/or the Recipient have received by virtue hereof; and
10. I have read this entire document, the contents of which were explained to me in a language I understand, and my obligations herein are made willingly, voluntarily and with full knowledge of my rights under the law, and, I further execute this Authority to attest the truth of the foregoing facts to all authorities concerned and for all legal intents and purposes this may serve.

IN WITNESS WHEREOF, I have affixed my hand and signature on this _____ day of _____ here at _____, Philippines.

(name)
Affiant

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20__
in _____, affiant exhibiting to me her _____ ID No.
_____ issued on/valid until _____ and issued at/by
_____.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2020.