SSS TRIPLE-S VIDA

CERTIFICATE OF LOAN

(Guaranteed by the Policy)

Policy Number:				Debit or Agency:
Name of Insured:				Effective Date:
Mail Address:				Telephone:
	Urb, PO Box, HC, RR	Number / Street		-
				E-mail:
	City	State/Country	Zip Code	
	(This application will not be pro-	cessed if address is not o	completed)	

I HEREBY CERTIFY that I am the owner of the above mentioned policy, and that in consideration of the sum of __________(\$________) granted to me as a loan by TRIPLE-S VIDA, INC., (Here from called The Company) I assign, and transfer to The Company as a guaranty for such loan, all rights, title, and interest of such policy subject to the following terms and conditions:

FIRST: I authorize The Company to deduct from the product of this loan any amount owed, with its interests, in force prior to the date of this loan.

SECOND: Such loan will earn interests, annually at the rate specified in your policy, payable on the next policy anniversary, and on each subsequent policy anniversary thereon. If the interests are not paid on or before the next thirty-one (31) days following each anniversary, such interests will be added to the principal and will earn interests at the same rate and with the same terms and conditions herein agreed.

THIRD: The total balance will constitute a preferring encumbrance over the policy; even though The Company does not stamp the corresponding endorsement on the policy contract. Any debt, with its interests, will be deducted from the Surrender Value, Maturity Value or any other benefit provided by the terms of the policy.

FOURTH: If the Total Value of the debt equals or exceeds the Surrender Value of the policy, such policy will be considered as canceled unless the debt is totally or partially paid and the new balance is smaller than the Surrender Value of the policy. The cancellation will be effective thirty-one (31) days after The Company notify in writing the owner of the policy to his last known address registered on the records of The Company, or to the person to whom the loan is granted.

FIFTH: This debt can be paid in one lump sum or in partial payments, at any time while this policy is in force, provided that The Company will not accept partial payments of less than \$5.00 each.

SIXTH: Any partial or total payment for this loan shall be made at the district office that service your policy, or at **Triple-S Vida, Inc.**, Home Office, at **1052 Ave. L. Muñoz Rivera**, **Río Piedras**. Mails address **PO BOX 363786**, **SAN JUAN, PUERTO RICO, 00936-3786**. No agent is authorized to receive payments to be credited to your loan. Partial or total payments deliver to an agent will not be considered as a payment issued to the company.

I ALSO CERTIFY, that this policy has not been assigned, given as a pledge or security, or partially or totally transferred to any other person, except as may be registered at the Home Office of The Company and recognized by it. Neither there is any action of bankruptcy or insolvency against me, which may affect the product of this policy.

Dated in	_ Puerto Rico, this	day of	, 20	
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Witness

Signature of Insured (Owner if different from Insured)

Signature of Irrevocable

Beneficiary Assignee

(VEASE AL REVERSO PARA TEXTO EN ESPAÑOL)