CERTIFICATION OF ADMINISTRATIX

THIS IS TO CERTIFY THAT I, _____,

a Regular Member of the Philippine Coast Guard Savings and Loan Association, Inc. (PCGSLAI) opened a _____ with Account No. _____
(*Type of Deposit Account*) (*Passbook / Account No.*)

for _____ my _____, a minor,
(*Name of Child/ Minor*) (*Relation to Member*)

for his/her future financial security.

I FURTHER CERTIFY that in case my incapacity to transact business with the PCGSLAI, the person named below shall act as the ADMINISTRATOR of said account in the following order:

1. _____

2. _____

FURTHERMORE, that the ADMINISTRATOR can only do the following transactions for this account until the benefactor reaches the age of _____ years old. (**Important: Cross-out those not applicable and affix initial or signature):**

a. Make Deposits only;

b. Make Deposits and Withdrawals;

c. Make deposits and withdrawals of dividends/interest only;

d. Participate during Annual General Membership Meeting and Election.

SIGNED this _____ day of _____, 20___ in the City of _____, Philippines.

By:

_____
Signature Over Printed Name of Member