# Transfer of Business Form

**Important Notes:**

1. This form is to be accomplished by the Bankassure Financial Executive/AgencyAdvisor in BLOCK LETTERS.
2. Please shade the circle to indicate your choice(s).
3. Please do not forget to have this form signed by your Area Sales Manager and Sales Director (for Bankassure Financial Executives) or Unit Head/Branch Head and Zone Head (for Agency Advisors) and the concerned Policy Owner.

## Type of Request

- [ ] Transfer of Business

## Policy Details

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Name of Insured</th>
<th>Reason for Transfer</th>
<th>Signature over printed name of Policy Owner</th>
<th>Contact Info update</th>
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</thead>
<tbody>
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<td>☐ Reinstatement</td>
<td>Home/Office No.: __________________________</td>
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<td>☐ Top up for ILP</td>
<td>Mobile No.: _______________________________</td>
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<td>☐ Servicing Request</td>
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## Transfer of Business Details

**Name of transferee Financial Executive/Advisor (Last Name, First Name, Middle Initial)**

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**Branch/Unit Code**

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**Personal Code**

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**Branch Name**

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Orphan Transfer of Business Form

**Declaration and Agreements**

I hereby request the aforementioned policy/ies to be transferred under my given personal code. I understand and on behalf of myself/ourselves/and all relevant persons that:

1. I will be accountable for the future persistency performance of the transferred policy/ies
2. As part of my business, proper servicing shall be observed

I/ We HEREBY DECLARE AND AGREE on behalf of myself/ourselves/and all Relevant Persons that;

1. all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
2. should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my/our part in disclosing the information, the Company shall have the right to cancel the Policy or repudiate the claim and forfeit all payments received;
3. the Company is not bound by any statement which I may have made to any person if not written or printed here.

**IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM**

Signed at ___________________________ this _______ day of ________________________.

Signature over printed name of Financial Executive/Advisor

Approved by:
Signature over printed name of Area Sales Manager/Unit Head

Signature over printed name of Regional Sales Manager/Branch Head

Noted by:
Signature over printed name of Sales Director/Zone Head

Let’s Stay Connected!
We would like to serve you better and keep you abreast with news and information about the Company and your policy. Help us ensure timely delivery of our services by providing us your current contact information.

Here is my updated information:
Mailing Address:

Home  Business

Home No.:
Office No.:
Mobile No.:
Email Address:

YES! I would like to receive news from AXA via:

- Mail
- Email
- Mobile SMS
- Personal Call