



redefining / standards



Policy Number(s)

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Cancellation and Replacement of Checks Form

Important Notes:

1. This form is to be accomplished by the Policy Owner/Assignee in BLOCK LETTERS.
2. Please do not sign on a blank form.
3. Please put a shade in the circle to indicate your choice(s).

Type of Request

Check Replacement and Cancellation

Please mark the circle of the transaction that relates to the check to be reissued.

- New Business
 Policy changes
 Premium refund
 Claim
 Cash withdrawal
 Others _____ (please specify)

Reason for pull-out of check

Policy Details

Full Name of Insured (Last Name, First Name, Middle Initial)

Phone No.

Cellphone No.

Email

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Full Name of Policy Owner (Last Name, First Name, Middle Initial)

Phone No.

Cellphone No.

Email

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Full Name of Assignee

Phone No.

Cellphone No.

Email

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Old Check Detail

Check Currency	Check No.	Check Amount (\$)	Check Date (MM/YYYY), if known
<input type="radio"/> Php <input type="radio"/> USD			

New Check Detail

Check Currency	Check No.	Check Amount (\$)	Check Date (MM/YYYY), if known
<input type="radio"/> Php <input type="radio"/> USD			

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Receiving

Dept./Office: _____

FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code:

FE/Advisor's name:

FE/Advisor's mobile number:

Note:

This request is acceptable only if submitted 3 days prior to the date indicated in the check.

Certification of Customary Signature

IMPORTANT: If signature differs between AXA file and documents submitted, please complete this form.

CERTIFICATION OF CUSTOMARY SIGNATURE

This is to certify that I am the same person who signed in the policy contract. I hereby confirm that the declarations and information therein were given by me, and I certify that they are true and complete to the best of my knowledge.

Finally, the signature appearing on all the forms and valid ID/s are my customary signatures and for which reason I have signed both with my customary signatures as follows:

1.	2	3
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Declaration

I/We/the Child/all Relevant Persons DECLARE AND AGREE that I /we have the full authority from and consent of the Relevant Persons to make the above declarations.

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Signature over printed name of Policy Owner

Signature over printed name of Assignee*, if any

Signature over printed name of Irrevocable Beneficiary*, if any

*If there is more than 1 assignee and or irrevocable beneficiary, please use this portion in indicating their respective names and signatures.

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