



Amendment to Application



Policy Number(s)

<input type="text"/>	—	<input type="text"/>
<input type="text"/>	—	<input type="text"/>
<input type="text"/>	—	<input type="text"/>

Important Note:

- Insurance is a contract of utmost good faith and the Proposed Insured / Proposed owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. In case of doubt as to whether a fact is material or not, the fact should be disclosed.
- Please do not sign a blank form.**

FOR OFFICE USE ONLY

Date Received:

Time Received:

Receiving Dept./Office:

Personal details of Proposed Insured / Owner

Name of Proposed Insured:

Name of Proposed Owner:

FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code:

FE/Advisor's name:

FE/Advisor's mobile number:

Declaration by Proposed Insured/Proposed Owner

Change Basic Plan Sum Insured

From _____ To _____

Add **Delete Rider/s**

Rider _____ Amount _____

_____ Amount _____

Change in Premium Term Maturity Term

From _____ To _____

Change in Fund Allocation (for VLIP)

Fund name _____

From _____% to _____%

Fund name _____

From _____% to _____%

Change mode/ method of premium payment to:

Mode:

Annual Semi- Annual

Quarterly Monthly

Method:

Over the counter (not allowed for monthly)

ADA B2P Auto-charge

Change in Top-ups

Add Delete Change

Lump Sum Top-up Regular Top-up

From USD PhP _____ To _____

OTHER CHANGES AND DECLARATIONS of the **Proposed Insured** **Owner**

Declaration

I/ We hereby agree that this form together with the declarations herein shall form part of my application for life insurance with AXA Philippines and shall be the basis for issuance of an insurance policy. This document shall be binding on any person who shall have any claim or interest under such policy.

Also, I/we declare that I am/we are in the same state of health as when I/we signed the application for life insurance.

Date

Signature of Over Printed Name of Proposed Insured

Signature of Over Printed Name of Proposed Owner
(if different from Proposed Insured)