



Policy Number(s)

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Declaration of Lost Policy and Reissue Request 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).

Service Request

(A) Type of request

- Reissue a duplicate copy of original policy and declare original policy has been misplaced / lost / destroyed.
- Declare original policy has been misplaced / lost / destroyed and reissue of policy is not necessary.

(B) Reason for lost of policy

- Misplaced Destroyed Never received
- Other (please state details) _____

Policy Details

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

Phone No.

Cellphone No.

Email

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

Phone No.

Cellphone No.

Email

Full Name of Assignee

Phone No.

Cellphone No.

Email

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

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:

Corresponding fees apply to process reissuance of policy.

Declarations and Agreement

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this request form ("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) the original policy has not, to the best of my /our knowledge and belief, been pledged, assigned or otherwise parted with for value or otherwise to any person or persons whomsoever who has or could have any right, title or claim thereto as against or paramount to my title thereto, and I have not received notice of any am not aware of such claim.

I DECLARE that the original policy contract has been lost/destroyed. No other person has any claim or interest in the policy by virtue of any assignment or mortgage. I hereby apply for a duplicate of the policy contract and agree that the original policy contract and any previously issued duplicated policy contract shall cease to be the policy contract of this policy upon the issuance of the duplicate policy contract.

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

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.

Acknowledgement

REPUBLIC OF THE PHILIPPINES)
) S.S.

BEFORE ME, a Notary Public, on this _____, at _____, personally appeared the following persons, exhibiting to me their valid and current identification documents with their pictures and signatures appearing thereon:

NAME	Competent Evidence of Identity	Date and Place of Issue / Validity
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Known to me and to me known to be the same persons who executed the foregoing service Agreement consisting of three (3) pages including this page on which this acknowledgement is written, signed by the parties and their instrumental witnesses and they acknowledge to me that the same is their own free and voluntary act and deed, as well as the free and voluntary act and deed of the corporations/entities herein represented.

WITNESS MY HAND SEAL, on the date and at the place above written.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

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