



Request for Direct Credit to Bank Account

Policy Details

Policy No.:

Account type: Peso account Dollar account

Bank Name: Metrobank Others:

Branch Name: Swift Code (for Non-Metrobank):

Account Number of payee:

Account Name of payee:

BRANCH/HEAD OFFICE ASSESSMENT

Original Documents: _____

Date & Time of Receipt: _____

Receiving Branch: _____

Receiving BOS: _____

Declarations and Agreements:

Declarations and Agreements:

- I declare that the proceeds of this application/policy once deposited to the account aforementioned shall be equivalent to payment to me directly of the same and I shall render AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said application/policy.
- I understand that should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
- I, the undersigned, also take full responsibility in the accuracy of the account name and number indicated above. Should there be any error(s) in the information, I understand that this will result to delays in the crediting of the policy proceeds and I shall bear the consequences.
- Before signing this declaration and agreement, I have read and understood all declarations which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

Signature Over Printed Name
of the Policy Owner

Date

Account Name and No. verified true and correct by:

Signature Over Printed Name
of BOO/ Branch Head

Reminder:

Fund transfer is only allowed to the bank account of the Policy Owner.