



Variable Life Partial Withdrawal 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. Only one (1) copy of this form is needed for processing.
3. Please put a shade in the circle to indicate your choice(s).

Policy Details (MANDATORY SECTION. All fields should be provided.)

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

Send me Policy updates via: E-mail Post SMS Notification

Current cellphone no. - (09XX-XXXXXXX)

E-mail address

Other telephone nos.

Residence	Office
<input type="text"/>	<input type="text"/>

I agree to use my personal data for direct marketing purposes and wish to receive any promotional and direct marketing materials.

Yes, I am a US Citizen or US Tax Resident with TIN No.: _____

Declaration for Policy Fund Redemption

I, the undersigned, owner of the above policy, hereby apply for the partial withdrawal from the Account Value of the following Investment Fund(s) as indicated below subject to the relevant terms and conditions of my policy. I understand and agree that the application shall only take effect provided all of the following conditions are met:

- (a) the application is approved by the Company at the Company's Office during the lifetime of the person insured by the policy;
- (b) I am legally entitled to the benefits to be withdrawn under the above policy, which have not been assigned or transferred to any other party and that no proceedings in bankruptcy or insolvency have been instituted or are pending against me.

Application for Policy Fund Withdrawal

Fund Name	No. of Units to be Withdrawn

Certification of Customary Signature (MANDATORY SECTION.)

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

Claim Reference No.:

Policy Number(s)

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

FOR OFFICE USE ONLY

This serves as an acknowledgement receipt and initial advice of claims requirements if initialized.

Date Received:

Time Received:

Receiving Dept./Office:

FOR WITNESS ONLY

This section is to be accomplished by the AXA Representative who validated the identity of claimant and authenticated the documents received.

Full Name:

Designation/Branch:

Date and Signature:

Call out validation may be required prior to approval and/or payout. Please ascertain accuracy of your contact information to avoid delays in processing.

Basic Requirements:

Policy Owner, Assignee and irrevocable beneficiary/ies (if any) must submit clear copy/ies of photo-bearing valid ID with signature.

The amount/number of Units to be withdrawn and the outstanding Account Value/number of Units after withdrawal must not be less than the minimum amount as determined by the company from time to time.

Your Policy may still be subject to REDEMPTION/SURRENDER CHARGES. Please make sure to check the Surrender Charge provision of your Policy before you proceed with your request.

Declarations and Agreement

I HEREBY DECLARE AND AGREE that:

1. The application/s as indicated above is/are based on my/our own judgment and I/we did not rely on any advice provided by the Advisor/ FE.
2. All the information I provided on this application form are to the best of my knowledge true and correct.
3. Any of my personal information collected or held by AXA Philippines (whether contained in the application/s or otherwise), may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including without limitation but not limited to any of its affiliated or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines:
 - (i) to process and deal with the application;
 - (ii) to provide all services related to said request; and
 - (iii) to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction.
4. I agree to deduct any applicable Surrender Charge from my Policy withdrawal.
5. I understand that I have the right to access our personal information at any time; correct or rectify any information collected or held by AXA Philippines which are inaccurate, false, or incomplete; object in case of any unauthorized collection; erase or block information which is complete, outdated and false; and such other rights as may be available under the Data Privacy Act. I understand that such request may be made in writing and submitted to AXA Philippines.

IMPORTANT: COMPANY ONLY REQUIRES SUBMISSION OF ONE (1) COPY OF THIS FORM. 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.

Assisting Distributor Declarations

I declare that: 1) I have fully explained to the Policy Owner all relevant information regarding the transactions in this form and 2) the contact details in this form are not my contact number or email address. I also certify that 1) I personally saw the Policy Owner, irrevocable beneficiaries & assignee (if any) affix his/her/their signatures/s in this form and have verified his/her/their identity and 2) I have examined the original ID/s provided and the attached photocopy/ies are true and correct copy/ies of the original ID/s.

Name of Distributor

Code No.

Mobile No.

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Signature of Distributor

Payment Instructions (Choose 1 of 3 options)

Mandatory Section. Below is my preferred payout method for the proceeds of:

Policy Number: Policy Owner: Date:

FUND TRANSFER (Applicable for both Peso and Dollar policies). Please fill out Direct Credit to Account Section and submit proof of bank account ownership.
Reminder: Fund transfer is only allowed to the bank account of the Policy Owner.

REQUEST FOR DIRECT CREDIT TO BANK ACCOUNT

Account type:

Peso account Dollar account

Bank Name:

Metrobank Others:

Account Number of Payee:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch Name:

Swift Code (for Non-Metrobank)

Account Name of Payee:

DOLLAR CASH PICK-UP (Applicable only for dollar-denominated policies).
Reminder: Funds may be picked up in any Metrobank branch. Bank charges apply. Bring a valid ID and the reference code sent by Metrobank via SMS.

CHECK PAYMENT (Applicable for both Peso and Dollar policies). Please bring a valid ID when claiming the check.
Reminder: For Peso check: 3-working day clearing period. For Dollar check: 45-working day clearing period.
 For representatives, please bring a valid ID, Letter of Authorization (LOA) for amounts less than Php 50,000.00, or a notarized Special Power of Attorney (SPA) for amounts greater than or equal to Php 50,000.

I will pick up the Check at AXA Service Center:

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.
- I understand that the information I provided will be validated and authenticated by AXA Philippines.
- Before signing this declarations and agreements, I have read and understood all declarations and agreements which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

Signature over printed name of policy owner (if minor, designated guardian)

Date of signing (mm/dd/yyyy)

Guide for Additional Requirements

- For minor irrevocable beneficiaries, a notarized Affidavit of Guardianship must be submitted, executed by a guardian other than the Policy Owner. The guardian should sign the form in behalf of the minor irrevocable beneficiary.
- For Metrobank assigned Policies, a notarized Cancellation of Assignment Form must be submitted. For non-Metrobank assigned Policies, a bank clearance with the Policy's information written in the bank's letter head must be submitted.
- If the Policy Owner is a legal entity, the following must be submitted:
 - For Sole Proprietorship - Latest original or Certified True Copy of Department of Trade and Industry (DTI) Certificate of Registration
 - For Partnership - Latest original or Certified True Copy of DTI Certificate of Registration
 - Notarized Special Power of Attorney (SPA) executed by all partners authorizing the withdrawal request for the AXA Policy. It should also include the current signatory/ies for the request.
 - Clear copy of valid IDs of all the partners with specimen signatures
 - For Corporation - Notarized Corporate Secretary's Certificate certifying that the Corporation is authorizing the withdrawal request for the AXA Policy. It should also include the current signatory/ies of the entity.
 - Company & valid ID of the signatory in the Sec Cert and the authorized signatory/ies for the request.
- If this form is signed outside the Philippines, please have this form authenticated by the Philippine Consul in your locality. Any other document or IDs issued outside of the Philippines must be authenticated by the Philippine Consul as well.

How do I track the status of my request

You will be updated through SMS and/or e-mail (if you choose e-notices) of additional requirements, if any. If you have any query on your request, you may get in touch with your AXA distributor or reach us by:

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 +63 917 1709-292 (Globe)
 +63 998 588-292 (Smart)

 customer.service@axa.com.ph

www.axa.com.ph

Visit our AXA Service Center Branches

**AXA is committed to making your service experience as easy and stress-free as possible.
 Thank you for insuring with us. We are always glad to be of service**