



redefining / standards



Policy Number(s)

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

Policy Change 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).

Request types (Maximum 5 service requests)

Non Financial Changes

- Contact Information
- Beneficiary Information
- Transfer of Ownership
- Autopay Cycle
- Dividend Options
- Death Benefit Option
- Non Forfeiture Options
- Personal Particulars

Financial Changes

- Payment Mode
- Payment Method
- Index-Linked Increase Endorsement (IIE)
- Policy Coverage Increase/Decrease
- Term Conversion

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:

Policy Details

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

Phone No.

Cellphone No.

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name of Policy Owner (Last Name, First Name, Middle Initial)

Phone No.

Cellphone No.

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name of Assignee

Phone No.

Cellphone No.

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Information Changes

New Mailing Address

House/StreetNo./Brgy	City	ZipCode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residence Telephone Number

Mobile Number

Office Telephone Number

Email Address

Notes:

Pls. provide proof of identification for changes in personal information.

Address outside the Philippines is NOT allowed.

Beneficiary Changes

Complete Name	Relationship to Insured	P/C	Share (in %)	Date of Birth	A/D /C	R/I

Please include all beneficiaries' names as this change will supersede the previous designation.

Please write the designation/choices on the appropriate field.

Legend:

R : Revocable
I : Irrevocable

P : Primary
C : Contingent

A : Add
D : Delete
C : Change

If reason for change in Owner is due to the death of the previous Owner, pls. attach a copy of the death certificate.

Designation of a minor as Owner is discouraged.

Transfer of Ownership (Absolute Assignment)

From: Name of Previous Owner

To: Name of New Owner

Sex
 Male Female

Date of Birth (yyyy/mm/dd)

Relationship of New Owner to Insured:

Reason for change in Owner

Signature of New Owner

* If change of correspondence address is needed, please complete Correspondence Address Change part

** If the New Policy Owner will act as the Payor of the policy, please complete Health Statement Form

Change in Payment Mode

Annual
 Semi-Annual
 Quarterly
 Monthly

Change of Payment Method

Auto Debit Arrangement (ADA)
 Credit Card
 Post-Dated Check
 Cash
 Others _____

Change in Autopay Cycle (Applicable for Auto Debit Arrangement only)

First Cycle
 Second Cycle

Dividend Option/Non-Forfeiture Option (NFO) Changes

Change of Dividend Option
 Option 1 – Accumulate with Interest
 Option 2 – Apply to Premium
 Option 3 – Pay In Cash

Change of Non-Forfeiture Option (NFO)
 From: APL RPU ETI
 To: APL RPU ETI

For monthly mode of payment, auto-collection payment method is required.

To apply for automatic payment facility, please complete the Direct Debit Authorization (DDA) form or Credit Card Payment Authorization (CCPA) form.

Applicable to non investment-linked plans only

APL: Automatic Premium Loan
RPU: Reduced Paid up
ETI: Extended Term Insurance

Death Benefit Option (Applicable for Variable Life policies only)

Increasing Death Benefit Level Death Benefit

Policy Coverage Changes

Decline Index - Linked Increase Endorsement (IIE) Option Upgrade

Change of basic sum insured

Increase Decrease new total amount Php/\$ _____

Supplementary Benefit/Rider

Rider Name	Add	Delete	Increase	Decrease	New total Sum Insured/Coverage
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Php/\$ _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Php/\$ _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Php/\$ _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Php/\$ _____
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Php/\$ _____

Term/Conversion (For policy/rider with convertible option)

Type of Conversion Term Policy Term Rider

Existing Policy Number/Rider Name _____

New sum assured to be converted Php/\$ _____

Personal Particulars

Updating/Correction of Personal particular

Insured

Name

ID Card/Passport No

Change Signature of Insured

Correct sex to
 Male Female

Correct Date of Birth to (yyyy/mm/dd)

Change Civil Status to
 Single Married
 Separated Widowed

Policy Owner

Name

ID Card/Passport No

Change Signature of Policy Owner

Correct sex to
 Male Female

Correct Date of Birth to (yyyy/mm/dd)

Change Civil Status to
 Single Married
 Separated Widowed

Others, please specify below

The Index - Linked Endorsement option, if applicable, is your policy's built-in protection against inflation. For a minimum incremental premium, increase your policy's Sum Insured. No additional application, proof of insurability or medical examination is required when you avail of the IIE.

For activation of Index - Linked Increase Endorsement Option, reinstatement, addition or increase of policy coverage, please complete as well the Health Statement form for assessment.

Conversion of term basic plan & term riders require accomplishment & submission of a new life insurance application form.

Pls. provide proof of identification for changes in personal information

*If Change is:
Marriage (attach Marriage Contract)
Correction of Name (attach Birth Certificate/Passport)
Annulment (attach Annulment documents)*

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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Declarations and Agreement

I/We hereby request that my policy be changed in accordance with the particulars as indicated in this application form. I understand and on behalf of myself/ourselves/and all relevant persons that;

- (1) the request for reinstatement, change or addition which requires evidence of insurability that consist of this application and health declaration and shall not take effect unless all of the following conditions are met:
 - (a) any required payment for the application is paid in full;
 - (b) the application is approved by AXA Philippines in its Head Office during the lifetime and continued insurability of the person or persons insured by the policy
- (2) the request for change which does not require evidence of insurability, shall consist of this application and shall be effective from the date of this request unless a letter date is specifically indicated, but only if the change is provided by the policy or is allowed by AXA Philippines under the policy;
- (3) the Incontestability Provision and Suicide Exclusion Provision in the policy shall apply upon reinstatement, changes or addition of sum insured or supplements and the period of time specified in the said provisions shall run from the date of approval of this application by AXA Philippines;
- (4) This form and the evidence of insurability of the person or persons insured if required by AXA Philippines shall be the basis for the change in this policy and will form part of the policy unless otherwise specified.

I/ We HEREBY DECLARE AND AGREE on behalf of myself/ourselves/and all 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) should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my/our part in disclosing the information, the Company shall have the right to cancel the Policy or repudiate the claim and forfeit all payments received;
- (3) the Company is not bound by any statement which I may have made to any person if not written or printed here.

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