



Policy Surrender/Full Withdrawal Application 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.

Type of Transaction

- Policy Surrender (Traditional Life Policy) Rider Surrender Full Withdrawal (Variable Life Policy)

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

Residence Office

Other telephone nos.

- 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.: _____

What you should know about early surrender of your policy

An insurance policy is intended to meet your long term financial needs and it is in your best interest to keep it in-force. When you surrender a policy, you not only lose its valuable benefits but also discount the opportunity of acquiring it favorably.

In the event that you were suggested to surrender this policy and start another one, the ensuing disadvantages of said action include higher premium rates due to older age or change in health conditions, loss of some or all of potential savings, exposure to policy exclusions such as "Incontestability", "Pre-Existing Conditions", and the like.

Keeping your best interest at heart, we will be glad to analyze and assess the relative merits of your policy and the suggested replacement at no cost to you.

Reason for Surrender/Withdrawal

Will proceeds for this request be used to fund a new AXA policy?

- Yes Pls. apply the proceeds to my new policy FOR OFFICE USE:
- No Reason: _____ If yes, please check customer record & indicate policy number _____

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"/>

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 & irrevocable beneficiary/ies (if any) must submit clear copy/ies of photo-bearing valid ID with signature.

Please be prepared to present your valid ID.

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

Declaration

I/We HEREBY DECLARE AND AGREE ON BEHALF OF MYSELF/ OURSELVES AND THE INSURED/POLICYOWNER ("RELEVANT PERSONS") 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.

I/We, the undersigned owner/s and/or irrevocable beneficiaries of the said policy, hereby apply for Policy Surrender of the policy in exchange for its Cash Value (for traditional policies and riders)/Full withdrawal of the policy in exchange for its Account Value (for Variable Life policies) according to the terms and conditions of the policy.

I/We hereby declare that I/we am/are legally entitled to the Cash Value/Account Value under the policy which has 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/us. The liability of the Company in connection with the policy is as of the date of this application limited to the Cash Value/Account Value. Upon payment of the Cash Value/Account Value, the Company shall be discharged from all liabilities under the above policy.

I/We understand that:

- (1) any premium paid will not be refunded;
- (2) subject to the Deferment and Limitation provision of the above policy, the Cash Value/Account Value will normally be payable within such period as stated in the policy after the receipt of my/our valid written application and original policy contract by AXA Philippines Head Office.

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 IDs

Name of Distributor

Code No.

Mobile No.

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:	Bank Name:	Account Number of Payee:
<input type="radio"/> Peso account <input type="radio"/> Dollar account	<input type="radio"/> Metrobank <input type="radio"/> Others: <input type="text"/>	<input type="text"/>
Branch Name:	Swift Code (for Non-Metrobank)	Account Name of Payee:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

 <p>+632 8-5815-AXA (292) +63 917 1709-292 (Globe) +63 998 588-292 (Smart)</p>	 <p>customer.service@axa.com.ph</p>	<p>www.axa.com.ph</p>	<p>Visit our AXA Service Center Branches</p>
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**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**

Quit Claim Statement

KNOW ALL MEN BY THESE PRESENTS:

I, _____, of legal age, Filipino, married/single and presently residing at _____, for and in consideration of the sum of Pesos/US Dollar: _____ (PhP US\$ _____), receipt of which in full is hereby acknowledged from AXA Philippines (the "Company") with principal place of business at Philippine AXA Life Centre, Sen Gil Puyat Avenue, Makati City, representing full payment of the Account Value/Cash Value/ Maturity Benefit of Policy No./s _____ as well as any and all claims which I may have against AXA Philippines arising from the said policy, hereby declare and accept that I have no more right or interest of any kind whatsoever from the Company arising from the said policy and I state that:

1. I release, waive, and forever discharge the Company and its successors-in-interest, including its directors, officers, employees and agents, from any and all action of whatever nature, expected, real or apparent, sum of money, damages, claims and demands whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have by reason of any matter, cause or thing whatsoever, up to the time of these presents, the intention hereof being to completely and absolutely release the Company and its successors-in-interest, including its directors, officers, employees and agents, from any and all liabilities arising wholly, partially or directly from my said transaction with the Company;

2. Any and all actions which I may have commenced either solely in my name or jointly with others before any office, board, bureau, court, or tribunal against AXA Philippines, its directors, officers, employees or agents are hereby deemed and considered voluntarily withdrawn and I will no longer testify or continue to prosecute said action(s).

3. I finally declare that I have read and understood this document of Release, Waiver and Quitclaim which is hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto affixed my signature on this _____, at _____."

Signature of Policy Owner

Signed in the presence of:

ACKNOWLEDGMENT

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 Release Waiver and Quitclaim consisting of ____ pages, and they acknowledged to me that the same is their true and voluntary act and deed as well as the true and voluntary act and deed of the entities they represent.

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

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