



Policy Number

Policy number input boxes

Amendment to Application

Important Note:

- Insurance is a contract of utmost good faith and the Proposed Insured / Proposed owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. In case of doubt as to whether a fact is material or not, the fact should be disclosed.
- Please do not sign a blank form.**

FOR OFFICE USE ONLY

Received date:

Personal details of Proposed Insured / Owner

Name of Proposed Insured:

Name of Proposed Owner:

Declaration by Proposed Insured/Proposed Owner

<p>Change <input type="radio"/> Basic Plan <input type="radio"/> Sum Insured</p> <p>From _____ To _____</p>	<p><input type="radio"/> Add <input type="radio"/> Delete Rider/s</p> <p>Rider _____ Amount _____</p> <p>_____ Amount _____</p>
<p>Change in <input type="radio"/> Premium Term <input type="radio"/> Maturity Term</p> <p>From _____ To _____</p> <p>Change <input type="radio"/> mode/ <input type="radio"/> method of premium payment to:</p> <p>Mode:</p> <p><input type="radio"/> Annual <input type="radio"/> Semi- Annual</p> <p><input type="radio"/> Quarterly <input type="radio"/> Monthly</p> <p>Method:</p> <p><input type="radio"/> Over the counter (not allowed for monthly)</p> <p><input type="radio"/> ADA <input type="radio"/> B2P <input type="radio"/> Auto-charge</p>	<p><input type="radio"/> Change in Fund Allocation (for VLIP)</p> <p>Fund name _____</p> <p>From _____% to _____%</p> <p>Fund name _____</p> <p>From _____% to _____%</p> <p><input type="radio"/> Change in Top-ups</p> <p><input type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change</p> <p><input type="radio"/> Lump Sum Top-up <input type="radio"/> Regular Top-up</p> <p>From <input type="radio"/> U\$ <input type="radio"/> PhP _____ To _____</p>
<p>OTHER CHANGES AND DECLARATIONS of the <input type="radio"/> Proposed Insured <input type="radio"/> Owner</p>	

Declaration

I/ We hereby agree that this form together with the declarations herein shall form part of my application for life insurance with AXA Philippines and shall be the basis for issuance of an insurance policy. This document shall be binding on any person who shall have any claim or interest under such policy.

Also, I/we declare that I am/we are in the same state of health as when I/we signed the application for life insurance.

Date

Signature of Over Printed Name of Proposed Insured

Signature of Over Printed Name of Proposed Owner
(if different from Proposed Insured)