redefining / standards

Policy Number(s)

my AXA click Registration Form

Please accomplish **ALL FIELDS** for the registration.

Type of Request

◯ Enrollment in MyAXAClick

Policy Owner's Information

POLICY OWNER NAME (All fields are required)

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS (Please type in your address as it was presented in your premium notice)

RESIDENCE ADDRESS (PLS. INCLUDE NO., STREET, CITY, PROVINCE)

ZIP CODE

BUSINESS ADDRESS (PLS. INCLUDE NO., STREET, CITY, PROVINCE)

ZIP CODE

PREFERRED MAILING ADDRESS (Select One) ◯ Home ◯ Business

CONTACT NUMBER (Please provide at least two (2) numbers)

MOBILE NUMBER

HOME PHONE NUMBER

AREA CODE

BUSINESS PHONE NUMBER

AREA CODE

E-MAIL ADDRESS (THIS WILL BE USED TO SEND YOUR PASSWORD & UPDATES)

User Access Requirements

USERNAME (You may use alphanumeric characters for your username up to a maximum of 25 characters)

I Hereby attest that the above information are true and correct.

SIGNATURE OVER PRINTED NAME OF POLICY OWNER