



Request for Direct Credit to Bank or GCash Account

Important Notes:

1. This form is to be accomplished by the Policy Owner.
2. Direct credit can only be made to an Account owned by the Policy Owner.
3. Please submit proof of bank account or GCash profile screenshot showing the account name and account number.
4. If credit to GCash account is preferred, please ensure that the amount to be credited is within GCash wallet limit.
5. AXA's defined limit for crediting to a GCash account is Php 10,000. If amount for credit is higher than Php 10,000, please choose credit through bank account.

Policy and Account Details

Policy No.

Preferred account

GCash Metrobank Other bank: _____

Account Name of payee

Please supply the requested information depending on the preferred account.

BANK ACCOUNT

Bank Account type

Peso account Dollar account

Bank Branch Name

Swift Code (for Non-Metrobank accounts):

Bank Account Number of payee:

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GCASH ACCOUNT

11-digit mobile number (example: 091XXXXXXX)

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To be filled out by an
AXA Branch or Head Office personnel

Date Received:

Time Received:

Receiving Dept./Office:

Original documents:

Declarations and Agreements:

1. 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.
2. I understand that should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
3. 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.
4. Before signing this declaration and agreement, I have read and understood all declarations which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

Signature Over Printed Name
of the Policy Owner

Date