

Contact Information Changes

New Mailing Address

House/Street No./Brgy	City	Zip Code
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Residence Phone No.

Cellphone No.

Office Phone No.

Email Address

Transfer of Ownership (Absolute Assignment)

From: Name of Previous Policy Owner (Last Name, First Name, Middle Initial)

To: Name of New Policy Owner (Last Name, First Name, Middle Initial)

Address

Sex <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (YYYY/MM/DD) <input type="text"/>	Place of Birth <input type="text"/>
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Relationship of New Policy Owner to Insured: <input type="text"/>	Civil Status <input type="text"/>
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Nature of Work <input type="text"/>	Nationality <input type="text"/>
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Phone No. <input type="text"/>	Cellphone No. <input type="text"/>	Email Address <input type="text"/>
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Source/s of funds/monthly income:

Salaries (Php _____) Income from (Php _____) business Others (Php _____)

Is the New Owner a US citizen or a US tax resident? Yes No

US TIN/SSN:

Reason for change in Policy Owner

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

Signature of New Policy Owner

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

*** If the New Policy Owner will elect Contingent Owner, please attach a copy of proof of relationship to insured.

Name of Contingent Owner upon death of owner (not applicable for Corporate Owner):

Sex <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (YYYY/MM/DD) <input type="text"/>	Relationship of Contingent Owner to Insured: <input type="text"/>
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Is the Contingent Owner a US citizen or a US tax resident? Yes No

Change in Payment Mode

Annual Semi-Annual Quarterly Monthly

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.

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

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
 Pay in Cash
 Apply to Premium
 Accumulate with Interest

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

Death Benefit Option (Applicable for Variable Life policies only)

Increasing Death Benefit
 Level Death Benefit

Policy Coverage Changes

Index-Linked Increase Endorsement (IIE) option
 Accept
 Decline

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

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

The Index-Linked Endorsement (IIE) 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 (IIE) 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 due to:
 Marriage (attach Marriage Contract)
 Correction of Name (attach Birth Certificate/Passport)
 Annulment (attach Annulment documents)

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:

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.

Declarations and Agreement

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

- 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:
 - any required payment for the application is paid in full;
 - 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
- 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 later date is specifically indicated, but only if the change is provided by the policy or is allowed by AXA Philippines under the policy;
- 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;
- 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.
- 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;
- 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;
- the Company is not bound by any statement which I may have made to any person if not written or printed here.
- Any personal data of the Relevant Persons collected or held by AXA Philippines (whether contained in the application/s or otherwise), may be utilized for verification/matching purposes and/or may be used, stored, disclosed, transferred (whether within or outside the Philippines) as AXA Philippines deems necessary, including but not limited to any of its affiliated or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines.
 - to process my request for policy change as indicated above
 - to provide all services related to the application/s
 - to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction
- I/We, understand that we have the right to access our personal information at any time; correct or rectify any information collected or held by AXA Philippines which are accurate, false, or incomplete; object in case of any unauthorized collection, erase or block information which is incomplete, outdated, and false; and such other rights as may be available under the Data Privacy Act.
- If the Relevant Persons fail to provide any information requested in the application, it may result in the Company's inability to process and to deal with the application.
- AXA Philippines reserves the right to seek additional requirements as deemed necessary.
- I understand that notices related to my policy may be sent to me through mail, email, or SMS at the address/number I have provided above.
- I certify that I have read, understood, and agreed with the declarations and authorizations above, including AXA Philippines' privacy policy found in <https://www.axa.com.ph/privacy-policy>.

Let's Stay Connected!
 We would like to serve you better and keep you updated with news and information about the Company and your policy. Please 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.:

Cellphone No.:

Email Address:

YES! I would like to receive news from AXA via:
 Mail Email
 Mobile SMS Personal Call

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.

How do I track the status of my request?

You will be updated through e-mail.

If you have any query on your request, you may get in touch with us through



Your AXA Financial Partner

Live chat at

<https://www.axa.com.ph/contact-us>



Your nearest AXA branch

You may also access your policy information and conveniently conduct online transactions through the Emma by AXA PH app and web at <https://www.axa.com.ph/emma>.

Thank you for choosing AXA, a global leader in insurance and investment.