



Policy Number(s)

Grid for policy number entry: 3 boxes followed by a dash and 10 boxes.

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Policy Change Request Form

Important Notes:

1. This form is to be accomplished and signed by the Policy Owner/Assignee in **BLOCK LETTERS**.
2. Prepare the relevant documents listed in Section 1 and submit them to your Financial Advisor or the nearest AXA branch.
3. All fields are mandatory unless stated otherwise.
4. **Do not sign on a blank form.**

1. Requirements

BASIC REQUIREMENTS

- Completed Policy Change Request Form**
- Valid ID of the Policy Owner, Assignee, and/or Irrevocable Beneficiary/ies**
 - Actual IDs must be presented and photocopies submitted
 - At least one (1) must be government-issued and shows date of birth, signature, and photo

CONDITIONAL REQUIREMENTS *(Submit additional requirements appropriate to your case)*

For Change in Personal Particulars

If the change is for a minor

- Birth Certificate - issued by the Philippine Statistics Authority (PSA) or Local Civil Registry
- Parental Consent Form

If the change is due to marriage

- Marriage Certificate - issued by the Philippine Statistics Authority (PSA) or Local Civil Registry
- Annulment documents (if applicable)
- Old and new specimen signatures
 - *The old signature must match the signature used in the policy application
 - **The new signature must match the signature on the submitted valid ID bearing the new name

FOR OFFICE USE ONLY
This serves as an acknowledgement receipt and initial advice of the requirements if initialized.

Date Received: _____

Time Received: _____

Receiving Dept./Office: _____

FOR DISTRIBUTOR'S USE ONLY

Financial Advisor's Code: _____

Financial Advisor's Name: _____

Financial Advisor's Mobile No.: _____

For Transfer of Ownership

To an Individual

- Completed Health Statement Form (if with Payor's Clause or the New Policy Owner will act as the Payor of the policy)
- Death Certificate - issued by the Philippine Statistics Authority (PSA) or Local Civil Registry (if the original Policy Owner is deceased)
- Notarized and signed Affidavit of Legal Guardianship with signature-bearing valid ID of the Appointed Guardian (if Irrevocable Beneficiary is a minor)
- Certificate of Clearance from the bank (if policy is assigned; must be printed in the bank's letterhead)
- US Tin Number or US Social Security Number (if the New Policy Owner is a US Citizen)

To a Corporation

- Signature-bearing valid ID of the new and old Policy Owner
- Certificate of Registration, Articles of Corporation, and By-laws - issued by Securities and Exchange Commission (SEC)
- Latest General Information Sheet (GIS) of the Company
- Notarized Corporate Secretary's Certificate
- Signature-bearing valid ID of the Authorized Signatory(ies) and Corporate Secretary
- Employee's Company ID
- Certification of Beneficial Owner for Corporate Accounts and clear copy of valid ID (for shareholders with ownership of 20% or more ONLY)

To a Sole Proprietorship

- Signature-bearing valid ID of the new and old Policy Owner
- Certificate of Business Registration - issued by the Department of Trade and Industry (DTI)
- Employee's Company ID
- Notarized Undertaking executed by the employer

If the plan is Asset Protect or AXA Secure Future and/or with existing REITS, GAIN, or EQUIP Fund Allocation

- Completed Request for Direct Credit to Account (DCTA) Form
- Proof of Bank Account (Passbook or Bank Certificate/Statement of Account)
 - *The information must align with the details provided on the DCTA form

For Addition of Contingent Owner

- Signature-bearing valid ID of the new Contingent Owner
- Notarized and signed Affidavit of Legal Guardianship with signature-bearing valid ID of the Appointed Guardian (if Irrevocable Beneficiary is a minor)
- US Tin Number or US Social Security Number (if the New Contingent Owner is a US Citizen)

For Increase of Policy Coverage (Sum Insured or Rider)

- Completed Health Statement Form
- Photocopy of payment slip

For Decrease of Policy Coverage or Deletion of Rider

- Authorized Signatory/ies and Irrevocable Beneficiary/ies' signature-bearing valid IDs
- Certificate of Clearance from the bank (if policy is assigned; must be printed in the bank's letterhead)

For Change of Payment Method

Change to Credit Card (CC)

- Proof of Successful Auto-Pay Enrollment
 - Enroll your credit card here: <https://www.axa.com.ph/payments/premium-recurring>

Change to Post-dated Check (PDC)

- Post-dated check/s with acknowledgement receipt/s
 - Policy number should be indicated at the back of each check
 - Amount of the check should equal to the modal premium
 - Number of checks submitted should be aligned with the mode of the policy
 - Check date should be equal to the policy due date

Change to Auto-Debit Arrangement (ADA)

- Original and validated Auto-Debit Arrangement Enrollment Form

For Term Conversion

- Completed Amendment to Application Form

Note: Address outside the Philippines is NOT allowed. The Company reserves the right to ask for additional documents as deemed necessary.

2. Request Types (Maximum of five service requests)

Non-Financial Changes

- Contact Information
- Autopay Billing Cycle
- Death Benefit Option
- Personal Particulars
- Transfer of Ownership
- Dividend Options
- Non-Forfeiture Option

Financial Changes

- Payment Mode
- Accept/Decline Inflation Shield
- Term Conversion
- Payment Method
- Policy Coverage Increase/Decrease
- Reinstatement via redating

3. Policy Insured's Details

These fields are required. Please do not leave them blank.

Full Name of Policy Insured

Last Name

First Name

Middle Name

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Is the Policy Insured a US citizen or US tax resident? Yes No

If yes, please provide the details below:

US TIN/SSN - -

Is the Policy Insured or their immediate family/close associate a Politically Exposed Person (PEP)? Yes No

A PEP is a person who currently or previously holds a high-ranking public position in a) the Philippines, b) a foreign country, or c) an international organization. This includes roles with significant authority over public policies, operations, or use of public resources.

If yes, please indicate the PEP's position/public office below:

The section below is optional. If you need to update your personal information or contact details, please fill out only the specific fields that require changes.

Primary Occupation

Secondary Occupation

Sources of Funds

Refers to the source(s) of the Policy Insured's funds that will be used for transactions with AXA Philippines. Leave blank if there is a different Policy Owner.

 Maturing Investments (PHP _____) Savings (PHP _____) Others: _____ (PHP _____)

Sources of Wealth

Refers to the source(s) of the Policy Insured's total wealth, regardless of whether any part of it will be used to transact with AXA Philippines.

 Salary (PHP _____/month) Business Income (PHP _____/month) Others: _____ (PHP _____/month)

Sex

Date of Birth (MM/DD/YYYY)

Place of Birth

Nationality

 Male Female

Residence/Present Address

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

Personal Email Address

Mobile No.

Home Phone No. (Optional)

Note: The email address must be active.

4. Policy Owner's Details (to be filled out ONLY if different from the Policy Insured)

These fields are required. Please do not leave them blank.

Full Name of Policy Owner

Last Name

First Name

Middle Name

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

If yes, please provide the details below:

US TIN/SSN - -

Is the Policy Owner or their immediate family/close associate a Politically Exposed Person (PEP)? Yes No

A PEP is a person who currently or previously holds a high-ranking public position in a) the Philippines, b) a foreign country, or c) an international organization. This includes roles with significant authority over public policies, operations, or use of public resources.

If yes, please indicate the PEP's position/public office below:

The section below is optional. If you need to update your personal information or contact details, please fill out only the specific fields that require changes.

Primary Occupation

Secondary Occupation

Sources of Funds

Refers to the source(s) of the Policy Owner's funds that will be used for transactions with AXA Philippines.

 Maturing Investments (PHP _____) Savings (PHP _____) Others: _____ (PHP _____)

Sources of Wealth

Refers to the source(s) of the Policy Owner's total wealth, regardless of whether any part of it will be used to transact with AXA Philippines.

 Salary (PHP _____/month) Business Income (PHP _____/month) Others: _____ (PHP _____/month)

Sex	Date of Birth (MM/DD/YYYY)	Place of Birth	Nationality
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residence/Present Address

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

Personal Email Address	Mobile No.	Home Phone No. (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The email address must be active.

5. Contact Information Changes (Please fill out ONLY the necessary changes)**New Mailing Address**

House/Street No./Subdivision	Barangay	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Residence Phone No.	New Office Phone No.	New Mobile No.	New Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Transfer of Ownership (Absolute Assignment)*Designation of a minor as Owner is not allowed.*From: **Name of Previous Policy Owner (Last Name, First Name, Middle Name)**To: **Name of New Policy Owner (Last Name, First Name, Middle Name)****Relationship to Policy Insured**

Primary Occupation	Secondary Occupation
<input type="text"/>	<input type="text"/>

Sources of Funds

Refers to the source(s) of the Policy Owner's funds that will be used for transactions with AXA Philippines.

 Maturing Investments (PHP _____) Savings (PHP _____) Others: _____ (PHP _____)
Sources of Wealth

Refers to the source(s) of the Policy Owner's total wealth, regardless of whether any part of it will be used to transact with AXA Philippines.

 Salary (PHP _____/month) Business Income (PHP _____/month) Others: _____ (PHP _____/month)

Sex	Date of Birth (MM/DD/YYYY)	Place of Birth	Nationality
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residence/Present Address

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

Personal Email Address	Mobile No.	Home Phone No. (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The email address must be active.

Reason for change of Policy Owner

Signature of the New Policy Owner

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

If yes, please provide the details below:

US TIN/SSN - -

Is the new Policy Owner or their immediate family/close associate a Politically Exposed Person (PEP)? Yes No

A PEP is a person who currently or previously holds a high-ranking public position in a) the Philippines, b) a foreign country, or c) an international organization. This includes roles with significant authority over public policies, operations, or use of public resources.

If yes, please indicate the PEP's position/public office below:

Name of *Contingent Owner

Last Name, First Name, Middle Name

Relationship to Policy Insured

*Not applicable for Corporate Owner

Primary Occupation

Secondary Occupation

Sources of Funds

Refers to the source(s) of the Policy Owner's funds that will be used for transactions with AXA Philippines.

Maturing Investments (PHP _____) Savings (PHP _____) Others: _____ (PHP _____)

Sources of Wealth

Refers to the source(s) of the Policy Owner's total wealth, regardless of whether any part of it will be used to transact with AXA Philippines.

Salary (PHP _____/month) Business Income (PHP _____/month) Others: _____ (PHP _____/month)

Sex

Male Female

Date of Birth (MM/DD/YYYY)

Place of Birth

Nationality

Residence/Present Address

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

Personal Email Address

Mobile No.

Home Phone No. (Optional)

Note: The email address must be active.

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

If yes, please provide the details below:

US TIN/SSN - -

Is the Contingent Owner or their immediate family/close associate a Politically Exposed Person (PEP)? Yes No

A PEP is a person who currently or previously holds a high-ranking public position in a) the Philippines, b) a foreign country, or c) an international organization. This includes roles with significant authority over public policies, operations, or use of public resources.

If yes, please indicate the PEP's position/public office below:

7. Change of Payment Mode

Annual Semi-Annual Quarterly Monthly

Note: If you choose monthly as your payment mode, an auto-debit arrangement is required as the payment method.

8. Change of Payment Method

Auto-Debit Arrangement (ADA) Credit Card Post-Dated Check Cash Others: _____

9. Change in Autopay Cycle (Applicable for Auto-Debit Arrangement only)

First Cycle Second Cycle

10. Change of Dividend Option/Non-Forfeiture Option (NFO)

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

Notes:

Change of dividend option is applicable to non investment-linked plans only.

APL: Automatic Premium Loan
 RPU: Reduced Paid-Up
 ETI: Extended Term Insurance

11. Death Benefit Option (Applicable for Variable Life policies only)

Increasing Death Benefit Level Death Benefit

12. Policy Coverage Changes

Inflation Shield 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/\$ _____

The Inflation Shield option, if applicable, provides your policy with built-in protection against inflation.

To increase your coverage, simply increase your policy's Sum Insured with a minimum incremental premium. No additional application, proof of insurability, or medical examination is required when you opt for the Inflation Shield.

13. 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/\$ _____

14. Updating/Correction of Personal Particulars

Insured

Name _____
Last Name First Name Middle Name

ID Card/Passport No. _____

Change Signature of Policy Owner _____

Correct Sex to
 Male Female

Correct Date of Birth to (MM/DD/YYYY)

Change Civil Status to
 Single Married Separated Widowed

Policy Owner

Name

Last Name

First Name

Middle Name

ID Card/Passport No.

Change Signature of Policy Owner

Correct Sex to

Male Female

Correct Date of Birth to (MM/DD/YYYY)

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Change Civil Status to

Single Married Separated Widowed

15. Certification of Customary Signature (MANDATORY SECTION)

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.

16. Declarations and Agreement

I hereby declare and agree that:

1. The application as indicated above is based on my own judgment and I did not rely on any advice provided by the Financial Advisor.
2. All information in the application whether or not written by my hand are to the best of my knowledge and belief and complete and true.
3. Any personal data of the Relevant Persons (Policy Insured, Policy Owner, Assignee, and Irrevocable Beneficiary) collected or held by AXA Philippines, whether contained in the application or otherwise, may be utilized, stored, disclosed, transferred (whether within or outside the Philippines) to individuals, organizations, corporations, or entities as AXA Philippines may consider necessary, including but not limited to any of its affiliated or related companies, within or outside the Philippines:
 - a. to process and deal with the application;
 - b. to provide all services related to the application and promote and improve services by the Company and its affiliated companies;
 - c. to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction including but not limited to Insurance Commission rules and regulations, the Anti-Money Laundering Act, and the Data Privacy Act.
4. 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.
5. I have the right to access my 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 incomplete, outdated, or false; and such other rights as may be available under the Data Privacy Act. Such requests must be made in writing and submitted to AXA Philippines.
6. Should any statements be incomplete, false, wrong, or inaccurate, or any omissions on my part in disclosing the information, the Company shall have the right to cancel the Policy, repudiate the claim, and forfeit all payments received.
7. The Company is not bound by any statement I may have made to any person if not written or printed here.
8. The request for reinstatement, change, or addition requires evidence of insurability that consists of this application and health declaration and shall not take effect unless all of the following conditions are met:
 - a. Any required payment for the application is paid in full;
 - b. The application is approved by AXA Philippines during the lifetime and continued insurability of the person or persons insured by the policy.
9. 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 letter date is specifically indicated, but only if the change is provided by the policy or is allowed by AXA Philippines under the policy.
10. 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.
11. 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 form part of the policy unless otherwise specified.
12. My policy contract, notices, and communications related to my policy may be sent to me via mail, email, or SMS using the contact details I have provided above. I understand that I may contact AXA to update, specify, or change my preferred mode of receiving notices to receiving a hard copy at my registered address instead of via email.
13. 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.

