Beneficiary Change Request Form

Policy Number(s)

Important Notes:

1. This form is to be accomplished by the Policy Owner/Assignee in BLOCK LETTERS.
2. Please do not sign on a blank form.
3. Please put a shade in the circle to indicate your choice(s).
4. For multiple policies with the same beneficiary change request, please provide your policy numbers.
5. For policies with a co-insured (e.g. Health Start), the co-insured must accomplish and submit a separate Beneficiary Change Request Form.

Policy details

Full Name of Insured (Last Name, First Name, Middle Initial)

Phone No. | **Cellphone No.** | **Email Address**

Is the principal insured a US citizen or a US tax resident? ◯ Yes ◯ No

US TIN/SSN:

Full Name of Policy Owner (Last Name, First Name, Middle Initial)

Phone No. | **Cellphone No.** | **Email Address**

Is the policy owner a US citizen or a US tax resident? ◯ Yes ◯ No

US TIN/SSN:

Full Name of Assignee (Last Name, First Name, Middle Initial)

Phone No. | **Cellphone No.** | **Email Address**

Is the assignee a US citizen or a US tax resident? ◯ Yes ◯ No

US TIN/SSN:

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Receiving Dept./Office: _____

FOR DISTRIBUTOR'S USE ONLY

Financial Partner's Code: _____

Financial Partner's Name: _____

Financial Partner's Cellphone No.: _____

Addition of Beneficiary(ies)

Beneficiary #1

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Address

Phone No. | **Cellphone No.** | **Email Address**

Sex ◯ Male ◯ Female | **Date of Birth (YYYY/MM/DD)** | **Place of Birth**

Please use an additional form if needed.

Nationality

Nature of Work

Relationship to life insured

BENEFIT %

***Type of Beneficiary**

◯ Primary ◯ Secondary

****Beneficiary Classification**

◯ Irrevocable ◯ Revocable

Please ensure that the total Benefit % of all beneficiary(ies) is ALWAYS equal to 100%.

**Primary beneficiary(ies) = 100%*
**Secondary beneficiary(ies) = 100%*

***Surviving Beneficiaries in the same classification will equally share in the benefits.*

Designation of a minor as irrevocable beneficiary is discouraged.

When policy owner (PO) designates a revocable beneficiary, the PO may change the policy details, including its beneficiaries, any time. However, when PO designates irrevocable beneficiary, PO may not change the details of the policy, without prior consent of said irrevocable beneficiary.

Please use an additional form if needed.

Beneficiary #2

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Address

Phone No.

Cellphone No.

Email Address

Sex

◯ Male ◯ Female

Date of Birth (YYYY/MM/DD)

Place of Birth

Nationality

Nature of Work

Relationship to life insured

BENEFIT %

***Type of Beneficiary**

◯ Primary ◯ Secondary

****Beneficiary Classification**

◯ Irrevocable ◯ Revocable

Beneficiary #3

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Address

Phone No.

Cellphone No.

Email Address

Sex

◯ Male ◯ Female

Date of Birth (YYYY/MM/DD)

Place of Birth

Nationality

Nature of Work

Relationship to life insured

BENEFIT %

***Type of Beneficiary**

◯ Primary ◯ Secondary

****Beneficiary Classification**

◯ Irrevocable ◯ Revocable

Please use an additional form if needed.

Beneficiary #4

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Address

Phone No. | **Cellphone No.** | **Email Address**

Sex
◯ Male ◯ Female

Date of Birth (YYYY/MM/DD)

Place of Birth

Nationality

Nature of Work

Relationship to life insured

BENEFIT %

***Type of Beneficiary**
◯ Primary ◯ Secondary

****Beneficiary Classification**
◯ Irrevocable ◯ Revocable

Please use an additional form if needed.

Please ensure that the total Benefit % of all beneficiary(ies) is ALWAYS equal to 100%.

**Primary beneficiary(ies) = 100%*
**Secondary beneficiary(ies) = 100%*

***Surviving Beneficiaries in the same classification will equally share in the benefits.*

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Beneficiary #5

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Address

Phone No. | **Cellphone No.** | **Email Address**

Sex
◯ Male ◯ Female

Date of Birth (YYYY/MM/DD)

Place of Birth

Nationality

Nature of Work

Relationship to life insured

BENEFIT %

***Type of Beneficiary**
◯ Primary ◯ Secondary

****Beneficiary Classification**
◯ Irrevocable ◯ Revocable

Please use an additional form if needed.

Remove Beneficiary(ies)

Please complete the information below to remove existing beneficiary(-ies).

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Please use an additional form if needed.

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Change of Beneficiary Information

Please complete the information below to update or correct any existing beneficiary information.

Beneficiary #1

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Address

Phone No. | **Cellphone No.** | **Email Address**

Sex
◯ Male ◯ Female

Date of Birth (YYYY/MM/DD)

Place of Birth

Nationality

Nature of Work

Relationship to life insured

BENEFIT %

***Type of Beneficiary**
◯ Primary ◯ Secondary

****Beneficiary Classification**
◯ Irrevocable ◯ Revocable

Please use an additional form if needed.

Please ensure that the total Benefit % of all beneficiary(Ies) is ALWAYS equal to 100%.

**Primary beneficiary(ies) = 100%*
**Secondary beneficiary(ies) = 100%*

***Surviving Beneficiaries in the same classification will equally share in the benefits.*

Designation of a minor as irrevocable beneficiary is discouraged.

When policy owner (PO) designates a revocable beneficiary, the PO may change the policy details, including its beneficiaries, any time. However, when PO designates irrevocable beneficiary, PO may not change the details of the policy, without prior consent of said irrevocable beneficiary.

Beneficiary #2

Full Name of Beneficiary (Last Name, First Name, Middle Initial)

Address

Phone No. | **Cellphone No.** | **Email Address**

Sex
◯ Male ◯ Female

Date of Birth (YYYY/MM/DD)

Place of Birth

Nationality

Nature of Work

Relationship to life insured

BENEFIT %

***Type of Beneficiary**
◯ Primary ◯ Secondary

****Beneficiary Classification**
◯ Irrevocable ◯ Revocable

Please use an additional form if needed.

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 particulars as indicated in this request form. I understand and on behalf of myself/ourselves/and all relevant persons that:

(1) 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;

(2) 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;

(3) the Company is not bound by any statement which I may have made to any person if not written or printed here.

(4) 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.
   i. to process my request for policy change as indicated above
   ii. to provide all services related to the application/s
   iii. to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction.

(5) 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 maybe available under the Data Privacy Act.

(6) 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.

(7) AXA Philippines reserves the right to seek additional requirements as deemed necessary.

(8) 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.

(9) 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.

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.

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

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.