



Beneficiary Change Request Form

Policy Number(s)

				—								
				—								
				—								

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. 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.
6. **Do not sign on a blank form.**

1. Requirements

- Completed Beneficiary 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
- Consent of the Irrevocable Beneficiary(ies) (if any)**
- Notarized and signed Affidavit of Legal Guardianship**
 - If Irrevocable Beneficiary is a minor

Note: The Company reserves the right to ask for additional documents as deemed necessary.

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.: _____

2. 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)

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
<input type="radio"/> Male <input type="radio"/> 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.

3. 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			

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. Addition of Beneficiary

If there are more than two (2) beneficiaries to add, please print an additional copy of Section 4, fill it out accordingly, and submit along with the rest of the requirements.

Full Name of Beneficiary #1

Last Name

First Name

Middle Name

--	--	--

Primary Occupation

Secondary Occupation

--	--

Sources of Wealth

Refers to the source(s) of the Beneficiary'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			
---	--	--	--

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 Beneficiary a US citizen or US tax resident? Yes No

If yes, please provide the details below:

US TIN/SSN - -

Is the Beneficiary 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:

Relationship to the Policy Insured

Benefit Percentage (%)

*Type of Beneficiary

**Beneficiary Classification

		<input type="radio"/> Primary <input type="radio"/> Secondary	<input type="radio"/> Irrevocable <input type="radio"/> Revocable
--	--	---	---

Full Name of Beneficiary #2

Last Name

First Name

Middle Name

--	--	--

Primary Occupation

Secondary Occupation

--	--

Sources of Wealth

Refers to the source(s) of the Beneficiary'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			
---	--	--	--

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 Beneficiary a US citizen or US tax resident? Yes No

If yes, please provide the details below:

US TIN/SSN - - **Is the Beneficiary 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:

Relationship to the Policy Insured

Benefit Percentage (%) *Type of Beneficiary

 Primary Secondary****Beneficiary Classification** Irrevocable Revocable**Notes:**

The death benefit will be split equally among the surviving primary beneficiaries, unless specified otherwise. If specified, please ensure that the total Benefit Percentage (%) is always equal to 100%.

Secondary beneficiaries are always considered *revocable and will only receive the death benefit if there are no surviving primary beneficiaries.

*Revocable Beneficiary – the Policy Owner can change the policy details, including beneficiaries, at any time.

**Irrevocable Beneficiary – the Policy Owner cannot change the policy details, including beneficiaries, without prior consent from the assigned irrevocable beneficiary. The irrevocable beneficiary(ies) should be at least 18 years old.

5. Deletion of Beneficiary**Please complete the information below to remove existing beneficiary/ies.**

Full Name (Last Name, First Name, Middle Name)	Date of Birth (MM/DD/YYYY)

6. Change of Beneficiary Information

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

If there is more than one (1) beneficiary to update, please print an additional copy of Section 6, fill it out accordingly, and submit along with the rest of the requirements.

Full Name of Beneficiary

Last Name

First Name

Middle Name

--	--	--

Primary Occupation

Secondary Occupation

--	--

Sources of Wealth

Refers to the source(s) of the Beneficiary'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			
---	--	--	--

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 Beneficiary a US citizen or US tax resident? Yes No

If yes, please provide the details below:

US TIN/SSN - -

Is the Beneficiary 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:

--

Relationship to the Policy Insured

Benefit Percentage (%)

*Type of Beneficiary

**Beneficiary Classification

		<input type="radio"/> Primary <input type="radio"/> Secondary	<input type="radio"/> Irrevocable <input type="radio"/> Revocable
--	--	---	---

Notes:

The death benefit will be split equally among the surviving primary beneficiaries, unless specified otherwise. If specified, please ensure that the total Benefit Percentage (%) is always equal to 100%.

Secondary beneficiaries are always considered *revocable and will only receive the death benefit if there are no surviving primary beneficiaries.

*Revocable Beneficiary – the Policy Owner can change the policy details, including beneficiaries, at any time.

**Irrevocable Beneficiary – the Policy Owner cannot change the policy details, including beneficiaries, without prior consent from the assigned irrevocable beneficiary. The irrevocable beneficiary(ies) should be at least 18 years old.

7. 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 forms and valid ID(s) submitted herewith are my customary signatures and for which reason I have signed both with my customary signatures as follows:

1.

2.

3.

8. 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 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.
9. 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.
10. 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.

9. Privacy Policy

Your privacy is a priority for AXA Philippines. To understand more on how we use and protect your personal data, you may refer to our Privacy Policy at <https://www.axa.com.ph/privacy-policy>.

