



Policy Number/s

Three empty rectangular boxes for entering policy numbers.

Contact Details Update Form

Important Notes:

1. This form is to be accomplished and signed by the Policy Owner/Assured in **BLOCK LETTERS**.
2. Shade the circle/s to indicate your choice/s.
3. Do not sign on a blank form.

1. Request Type

Change of Mobile Number Change of Email Address

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Receiving Dept./Office: _____

2. Policy Details

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

Grid of 25 small boxes for entering the full name.

New Mobile No.

Phone No. (Optional)

Place of Birth

Text box for New Mobile No.

Text box for Phone No. (Optional).

Text box for Place of Birth.

New Email Address

The email address you provided will be used by AXA PH to send your e-policy and e-receipt.

Text box for New Email Address.

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

US TIN/SSN:

Grid of 15 small boxes for entering US TIN/SSN.

FOR DISTRIBUTOR'S USE ONLY

Financial Partner's Code: _____

Financial Partner's Name: _____

Financial Partner's Mobile No.: _____

3. Certification of Customary Signature

IMPORTANT: If signature differs between AXA file and documents submitted, this section is MANDATORY.

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. [Signature box]

2. [Signature box]

3. [Signature box]

4. Declarations and Agreement

I hereby declare and agree that:

1. 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;
2. Should any of the statement/s is considered 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;
3. Any personal data of the Relevant Persons (Insured, Policy Owner, Assignee, and Irrevocable Beneficiary) collected or held by AXA Philippines, whether contained in the application/s 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:

- 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 including but not limited to Insurance Commission rules and regulations, the Anti Money Laundering Act, and the Data Privacy Act.

4. I have the right to access our 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.

5. 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>.

6. Acknowledgement and Signature

By signing this form, I acknowledge that above declarations have been thoroughly discussed with me and explained to me by the AXA Financial Partner.

- I consent to receive notices and announcements for marketing and/or cross selling purposes via Short Messaging Services (SMS), email, other electronic platform, or telephone call from AXA Philippines, its affiliates, subsidiaries, including any person or entities providing services on AXA's behalf.

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Signature over printed name of Assured

Contact Us

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
and your partner in protecting what matters.**