

**FOR OFFICE USE ONLY**

Date Received:

Time Received:

Receiving Dept./Office:

Request for Direct Credit to Bank or GCash Account

Important Notes:

1. This form is to be accomplished and signed by the Policy Owner or Authorized Representative of Business Entity (if policy is company-owned).
2. Attach to this form a clear copy of your valid ID and the proof of account of your chosen payment method (Bank Passbook, Bank Certificate/Statement of Account, or Screenshot of the verified GCash Profile showing the account number and account owner's name).

1. Account and Policy Details

Full Name of Policy Insured

Last Name

First Name

Middle Name

Full Name of Policy Owner

Last Name

First Name

Middle Name

Policy Number**Purpose of the Payout****Preferred Account** GCash Metrobank Others: _____

Please provide the information based on the preferred account.

BANK ACCOUNT

Reminder: Fund transfer is only allowed to the bank account of the Policy Owner. Please provide a proof of bank account in the same currency as the policy currency (e.g. USD proof of account is required for USD policy currency).

Account Type Peso Dollar**Account Number****Account Name of Payee (Last Name, First Name, Middle Name)****Branch Name****Branch Code****Branch Address****Swift Code (for non-Metrobank)***Additional for International Wire Transfer***Routing/IBAN Number (if any)****Recipient Policy Owner's Complete Address Abroad****GCASH ACCOUNT**

Reminder: Credit to GCash account is applicable up to Php 10,000 only for Motor, Personal Accident, and Smart Traveller Claims. Bank charges may apply and will be deducted from the proceeds. Please ensure that the amount to be credited is within the incoming transaction limit.

11-Digit Mobile No. (Example: 091XXXXXXXX)

2. Declarations and Agreement

I hereby declare and agree that:

1. The application/s as indicated above is/are based on my own judgment and I did not rely on any advice provided by the Financial Advisor.

2. All information in the application, to the best of my knowledge and belief, is complete and true.
3. Any personal information 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:
 - a. to process and deal with my request;
 - b. to provide all services related to said request; and
 - 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. 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.
5. The proceeds of this application/policy are deposited to the aforementioned account, it shall be considered as a direct payment to me, and I shall hold AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, perpetually free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said application/policy.
6. Should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
7. The proof of account* I have attached validates correct information regarding my bank or GCash account.
**Bank Passbook, Bank Certificate/Statement of Account, or Screenshot of the verified GCash Profile*
8. I, the undersigned, accept full responsibility for the accuracy of the account name and number provided above. I understand that any errors in the information may cause delays in receiving the policy proceeds, and I accept full responsibility for any resulting consequences.
9. Before signing this declarations and agreement, 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.

3. 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>.

4. 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 Advisor.

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 AND ENSURE YOUR SIGNATURE STAYS WITHIN THE BOX.

Signed at _____ this _____ day of _____.
Place of Signing *Day* *Month / Year*

Signature over printed name of Policy Owner/Authorized Representative of Business Entity

How do I track the status of my request?

You will be updated through SMS.

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



Your AXA Financial Advisor



Live chat at
[**https://www.axa.com.ph/contact-us**](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 or via 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.