



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

Account Number

☐ Peso

☐ Dollar

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: 091XXXXXXX)

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.

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