



Customer Inquiry Form

Policy Number(s)

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Important Notes:

1. This form is to be accomplished and signed by the Policy Owner 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. **Do not sign on a blank form.**

1. Requirements

- Completed Customer Inquiry Form**
- Valid ID of the Policy Owner or Assignee**
 - Actual ID must be presented and a photocopy submitted
 - At least one (1) must be government-issued and shows date of birth, signature, and photo

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: _____

2. Type of Document Request

- Policy Information:** _____
(Indicate the required information)
- Payment History**
Period from _____ to _____
- Auto-Debit History**
Period from _____ to _____
- Others (please specify):** _____

FOR DISTRIBUTOR'S USE ONLY

Financial Advisor's Code: _____

Financial Advisor's Name: _____

Financial Advisor's Mobile No.: _____

Delivery Method

- Collect from Financial Advisor**
Daytime Contact Number: _____
- Collect In-Person**
Daytime Contact Number: _____
- Collect via Mail**
Complete Address: _____

3. Policy Insured's Details

These fields are required. Please do not leave them blank.

Full Name of Policy Insured

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>

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 <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (MM/DD/YYYY) _____	Place of Birth _____	Nationality _____
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Residence/Present Address

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

Personal Email Address _____	Mobile No. _____	Home Phone No. (Optional) _____
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Note: The email address must be active.

4. 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

<i>Last Name</i> _____	<i>First Name</i> _____	<i>Middle Name</i> _____
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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 _____
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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 <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (MM/DD/YYYY) _____	Place of Birth _____	Nationality _____
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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.

5. 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.

6. 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, to the best of my knowledge and belief, is 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 omission) 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. 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.
9. 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.

7. 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>.

8. 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

Name of Policy Owner

Signature of Policy Owner

How do I track the status of my request?

You will be updated through email.

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>



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.