



# Collateral Assignment Form

## Important Notes:

1. This form is to be accomplished by the Policy Owner/Assignee in BLOCK LETTERS.
2. Please do not sign on a blank form.
3. Please put a shade in the circle to indicate your choice(s).

Policy Number(s)

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## Type of Request

Collateral Assignment

## Policy Details

Full Name of Insured (Last Name, First Name, Middle Initial)

Phone No.

Cellphone No.

Email

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

Phone No.

Cellphone No.

Email

Full Name of Assignee

Phone No.

Cellphone No.

Email

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Receiving

Dept./Office: \_\_\_\_\_

## FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code:

\_\_\_\_\_

FE/Advisor's name:

\_\_\_\_\_

FE/Advisor's mobile number:

\_\_\_\_\_

## The Assignment

For and in consideration of my loans, credit accommodation and all obligations as mentioned below:

- Loan No : \_\_\_\_\_
- Amount of Loan : \_\_\_\_\_
- Creditor Information
  - Name : \_\_\_\_\_
  - Branch : \_\_\_\_\_
  - Address : \_\_\_\_\_

of whatever nature now or hereafter incurred by \_\_\_\_\_ (the "Assignor") in favor of \_\_\_\_\_ (the "Assignee"), hereby sells, assigns, transfers and sets over to the Assignee, as collateral security for the payment of the said loan, the death benefit up to the value of the said loan or such sums as shall be outstanding thereunder, of all monies insured or to become payable under the insurance policy numbered \_\_\_\_\_ issued by \_\_\_\_\_ (the "Insurer") dated \_\_\_\_\_ (policy date) with basic sum assured of \_\_\_\_\_ and any supplementary contracts issued in connection therewith (the "Policy"), upon the life of \_\_\_\_\_, inclusive of the cash surrender and loan value thereof and of any dividends that may be declared from time to time. If I shall well and truly pay, or caused to be paid, to the \_\_\_\_\_ ("assignee") the said Assignee shall reassign the Policy to me. I will not do or knowingly suffer anything to be done whereby the said Policy may be rendered void or voidable or the said Assignee may be prevented from receiving or be deprived of the right to receive the monies insured to to become payable. I declare that a receipt signed by the said Assignee shall fully discharge the Company from its liabilities and obligations under the Policy in respect of which the receipt is given, and I shall the Insurer free and harmless from any and all action of whatever nature, expected, real or apparent, sum of money, damages, claims and demands whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have by reason of any matter, cause or thing whatsoever, up to the time of these presents, the intention hereof being to completely and absolutely release the Company and its successors-in-interest, including its directors, officers, employees and agents, from any and all liabilities arising wholly, partially or directly from my said transaction with the Company.

Notes:

*Assignor is the current policy owner or the insured (with the consent of the owner) who intends to assign the policy rights to an assignee.*

*Assignee is the entity or person to whom rights of benefits as stated in the assignment are assigned.*

## Acknowledgement

REPUBLIC OF THE PHILIPPINES)  
 ) S.S.

BEFORE ME, a Notary Public, on this \_\_\_\_\_, at \_\_\_\_\_, personally appeared the following persons, exhibiting to me their valid and current identification documents with their pictures and signatures appearing thereon:

NAME	Competent Evidence of Identity	Date and Place of Issue / Validity
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Known to me and to me known to be the same persons who executed the foregoing service Agreement consisting of two (2) pages including this page on which this acknowledgement is written, signed by the parties and their instrumental witnesses and they acknowledge to me that the same is their own free and voluntary act and deed, as well as the free and voluntary act and deed of the corporations/entities herein represented.

WITNESS MY HAND SEAL, on the date and at the place above written.

Doc. No. \_\_\_\_\_;  
 Page No. \_\_\_\_\_;  
 Book No. \_\_\_\_\_;  
 Series of \_\_\_\_\_.

## Certification of Customary Signature

IMPORTANT: If signature differs between AXA file and documents submitted, please complete this form.

### CERTIFICATION OF CUSTOMARY SIGNATURE

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 the forms and valid ID/s are my customary signatures and for which reason I have signed both with my customary signatures as follows:

1.	2.	3.
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## Declarations and Agreement

I HEREBY DECLARE AND AGREE on behalf of myself that 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.

I/We/all Relevant Persons DECLARE AND AGREE that I /we have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

### IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

#### Signature over printed name of Policy Owner

#### Signature over printed name of Assignee\*, if any

#### Signature over printed name of Irrevocable Beneficiary\*, if any

\*If there is more than 1 assignee and or irrevocable beneficiary, please use this portion in indicating their respective names and signatures.

### Let's Stay Connected!

We would like to serve you better and keep you abreast with news and information about the Company and your policy. Help us ensure timely delivery of our services by providing us your current contact information.

#### Here is my updated information:

Mailing Address:

Home  Business

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Home No.:

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Office No.:

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Mobile No.:

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Email Address:

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**YES! I would like to receive news from AXA via:**

Mail  Email  
 Mobile SMS  Personal Call