



Variable Life Policy Fund Switch and Change in Fund Allocation Form

Policy Number(s)

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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).

Type of Request

Fund Allocation Fund Switch

Policy Details

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

Phone No.

Cellphone No.

Email

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

Phone No.

Cellphone No.

Email

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Full Name of Assignee

Phone No.

Cellphone No.

Email

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Applicable to Change in Fund Allocation Instruction

Investment Fund Name	Allocation Percentage (%)
Total	100%

Fund Switch

I/We would like to switch Investment Fund(s) as shown below in column (i) to other Investment Fund(s) as shown in column (ii).

Switch from		Switch to	
Investment Fund Name	(i) Switch from (Units)	Investment Fund Name	(ii) Switch to (Percentage)

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: _____

Note:

The Policy Owner may change the allocation of any particular fund at any time while the policy is still in-force. Subject to the minimum amount set by AXA Philippines.

The minimum amount to be switched and for minimum allocation for each Investment Fund is subject to the minimum amount set by AXA Philippines.

Requirements:

Duly accomplished Variable Life Policy Fund Switch and Change in Fund Allocation Form.
 Photocopy of two (2) Current Valid IDs with clear signature of the Owner/Irrevocable Beneficiary.

The Total Investment Fund(s) allocation must add up to 100%.

The minimum fund allocation per fund type is subject to minimum amount set by AXA Philippines.

The Policy Owner may transfer or switch any of his/her units in a particular fund to another fund subject to the approval of the company.

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

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 Advisor/ Financial Executive;
- (2) All information in the application whether or not written by my hand are to the best of my knowledge and belief complete and true;
- (3) Any personal data of the Relevant Persons collected or held by AXA Philippines (whether contained in the application or otherwise), may be used in connection with matching for whatever purpose with such other personal data and/or may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons as the Company may consider necessary including without limitation any of its affiliated companies, or any individuals/ organizations associated with the Company:
 - (i) to process and deal with the application;
 - (ii) to provide all services related to the application/s and promote and improve services by the Company and its affiliated companies;
 - (iii) to communicate with the Relevant Persons for any purpose and/or comply with the laws of any applicable jurisdiction.
- (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 full authority from and consent of the Relevant Persons to make the above declarations and agreements. The Relevant Persons have the right to request, access to and correct any of the personal data held by the Company concerning the Relevant Persons. I understand that any request may be made in writing and addressed to AXA Philippines Head Office and its branches nationwide.

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

Home No.:

Office No.:

Mobile No.:

Email Address:

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

- Mail Email
 Mobile SMS Personal Call