



Collateral Assignment Form

Policy Number(s)

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Important Notes:

1. This form is to be accomplished and signed by the Policy Owner/Assignee 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

<p>BASIC REQUIREMENTS</p> <p><input type="radio"/> Completed and notarized Collateral Assignment Form</p> <p><input type="radio"/> Valid ID of the Policy Owner, Assignee, and/or Irrevocable Beneficiary(ies)</p> <ul style="list-style-type: none"> • Actual IDs must be presented and photocopies submitted • At least one (1) must be government-issued and shows date of birth, signature, and photo <p><input type="radio"/> Consent of the Irrevocable Beneficiary(ies) (if any)</p> <p><input type="radio"/> Notarized and signed Affidavit of Legal Guardianship (if Irrevocable Beneficiary is a minor)</p>	<p>FOR OFFICE USE ONLY</p> <p>This serves as an acknowledgement receipt and initial advice of the requirements if initialized.</p> <p>Date Received: _____</p> <p>Time Received: _____</p> <p>Receiving Dept./Office: _____</p>
<p>CONDITIONAL REQUIREMENTS <i>(Submit additional requirements appropriate to your case)</i></p> <p>If assigning to a Bank Institution, Group/Corporation, Individual, or Real Estate</p> <p><input type="radio"/> Notarized Memorandum of Agreement</p> <p><i>Additional for Group/Corporation</i></p> <p><input type="radio"/> Notarized Corporate Secretary's Certificate</p> <p><input type="radio"/> Valid IDs of the signatory in the Secretary's Certificate and the authorized signatory(ies) for the request</p> <p><i>Additional for Real Estate</i></p> <p><input type="radio"/> Amortization Contract</p>	<p>FOR DISTRIBUTOR'S USE ONLY</p> <p>Financial Advisor's Code: _____</p> <p>Financial Advisor's Name: _____</p> <p>Financial Advisor's Mobile No.: _____</p>
<p>Note: The Company reserves the right to ask for additional documents as deemed necessary.</p>	

2. Policy Insured's Details

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

Full Name of Policy Insured

Last Name	First Name	Middle Name

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 **Date of Birth (MM/DD/YYYY)** **Place of Birth** **Nationality**
 Male Female
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.

3. 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

Last Name

First Name

Middle Name

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****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 **Date of Birth (MM/DD/YYYY)** **Place of Birth** **Nationality**
 Male Female
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.

4. The Assignment

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

Loan No.: _____

Amount of Loan: _____

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.

Creditor Information

Name: _____ **Email Address:** _____

Branch: _____ **Contact Number:** _____

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 hold 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.

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 whether or not written by my hand are to the best of my knowledge and belief and 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 omissions 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.

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 _____.

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.