

**FOR OFFICE USE ONLY**

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

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

Receiving

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

**Proposed Insured's Name (Last Name, First Name, Middle Initial)**[illegible]

Pre - screened by:

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Owner's Name (Last Name, First Name, Middle Initial)

[illegible]

☐ Original Sent thru Fax last:

\_\_\_\_\_

ROUTINE REQUIREMENTS	FE/ADVISOR	CHANNEL SERVICES
Application Form	<input type="radio"/>	<input type="radio"/>
Valid ID (1 primary or 2 secondary)	<input type="radio"/>	<input type="radio"/>
Proposal w/ Product Transparency Declaration & Acknowledgement of Variability	<input type="radio"/>	<input type="radio"/>
Payment Slip	<input type="radio"/>	<input type="radio"/>
Investment Portfolio Risk Assessment Form (for VLIP & Bankassure only)	<input type="radio"/>	<input type="radio"/>
Others:	<input type="radio"/>	<input type="radio"/>

**Note: If answer to pre-screening questions below is NO, remarks, if necessary, should be properly indicated**

Section Name / No.	APPLICATION FORM (Proposed Insured and Owner)	YES	NO	REMARKS
N/A	Correct application form used? e.g. GIO application for GIO proposal	<input type="radio"/>	<input type="radio"/>	
	Complete pages of Application Form?	<input type="radio"/>	<input type="radio"/>	
Details on Proposed Insured/Owner	If employed, occupation title and main duties indicated? (Note: If further occupation details are needed, to indicate under HO Endorsement or Distributor's Confidential Report)	<input type="radio"/>	<input type="radio"/>	
	Business or employer's Name (Name of Company) and address indicated? (Note: If further details are needed, to indicate under HO Endorsement or Distributor's Confidential Report)	<input type="radio"/>	<input type="radio"/>	
	Height and weight indicated? (Correct metrics must be indicated)	<input type="radio"/>	<input type="radio"/>	
	Mobile number (of Owner) indicated?	<input type="radio"/>	<input type="radio"/>	
	Is the Proposed Insured / Owner a US Citizen or US Tax Resident? (FATCA)	<input type="radio"/>	<input type="radio"/>	
Beneficiary Designation	With Distributor's report on insurable interest? (Note: If Proposed Owner or Beneficiary is not an immediate family member of the Proposed Insured)	<input type="radio"/>	<input type="radio"/>	
Payment Instructions	Mode and Method of Payment indicated?	<input type="radio"/>	<input type="radio"/>	
Declaration of Proposed Insured & Owner	With "yes" answer on the application? If yes, are details to "yes" answer indicated?	<input type="radio"/>	<input type="radio"/>	
Policy Replacement	Policy Replacement Question answered? If yes, with Policy Replacement Notification Form attached?	<input type="radio"/>	<input type="radio"/>	
Declarations & Agreement	Application signed by PI (if actual age is 18 years old), Owner, and Distributor?	<input type="radio"/>	<input type="radio"/>	
	Place and date of signing indicated?	<input type="radio"/>	<input type="radio"/>	
Distributor's Confidential Report	With answer on Questions 1-5? If with "yes" answer, are details to "yes" answer indicated?	<input type="radio"/>	<input type="radio"/>	
	Question 8 (Financial Details): Monthly Income of Owner indicated?	<input type="radio"/>	<input type="radio"/>	
	Question 8 (Financial Details): If businessman, is the nature of business indicated?	<input type="radio"/>	<input type="radio"/>	
	Confidential Report signed by the Distributor?	<input type="radio"/>	<input type="radio"/>	
DOC NAME	OTHER NB DOCUMENTS	YES	NO	REMARKS
Proposal	Complete pages of proposal form?	<input type="radio"/>	<input type="radio"/>	
	Correct proposal form used? e.g. GIO proposal if Application is GIO	<input type="radio"/>	<input type="radio"/>	
	Proposal form signed by Proposed Owner and Distributor?	<input type="radio"/>	<input type="radio"/>	
ID	With attached photocopy of Owner's valid ID?	<input type="radio"/>	<input type="radio"/>	
	Is it a clear copy?	<input type="radio"/>	<input type="radio"/>	
	ID of Owner confirmed as "seen original" and customary signatures verified by the Distributor?	<input type="radio"/>	<input type="radio"/>	
ADA/CCPA	If mode of payment is ADA or CCPA: With attached ADA or CCPA form signed by the account holder?	<input type="radio"/>	<input type="radio"/>	
	ADA form used specific to bank?	<input type="radio"/>	<input type="radio"/>	
	Is the ADA/CCPA account holder the Proposed Insured (If PI and Owner are one and the same) or by the Owner?	<input type="radio"/>	<input type="radio"/>	

**Any NO answer in the pre-screening questions above means that the Application and Related Documents are missing or contain incomplete information. Documents including the Pre-submission checklist should be immediately returned to the Distributor for completion.**

**Application Form**

- All questions should be completely answered; complete address and contract number should be provided.
- Details of all “yes” answers should be stated.
- Avoid erasures, if there’s any, submit an amendment form or have it countersigned by PI (if PI & Owner are one and the same person) or by the Owner (if Owner is other than the PI)
- Mobile number of owner is mandatory information.

**Ownership of Policy/Beneficiary Designation**

- Designate a beneficiary with established insurable interest (If designated beneficiary is not an immediate family member of PI, attach explanation or Distributor’s report re: insurable interest.)
- The owner of the policy should have an established insurable interest on the life of the Proposed Insured
- The Distributor is not allowed to be named as trustee, assignee, beneficiary or Owner of the policy unless otherwise the PI and/or Owner is the Distributor’s immediate family member
- Give full details of PI and/or Owner’s occupation, source of income/funds, and annual income
- Any vague aspect in the application form should be properly explained.

**Pregnant Women**

- Medical Certificate or Clearance from the attending Obstetrician is required.
- The medical certificate/clearance should state that the pregnant applicant is having a normal pregnancy and is generally in good health.

**PI below 12 months**

- FME or pediatrician Statement Form is required regardless of sum insured for Distributor’s with provisional or Php 1.5M NML only

**Juvenile**

- Life coverage should be justified. Parents and siblings should have adequate coverage themselves.
- PHP 5M is still the maximum amount for AD & D & Critical Illness per life
- Acceptance age for any CI cover is 2 years old (insurance age)

**Politician**

- Will not be accepted 6 months before and after election

**Foreigner**

- Require photocopy of ACR or investors Visa or I-Card, and submit FE/Advisor report regarding its type and validity
- Foreigner’s Questionnaire is required for client w/ non-permanent status done within 1 year

**Entertainers and Seaman**

- Routine requirement- Blood test for HIV

**Keyman Insurance (Company as Owner and Beneficiary)**

- Notarized Board Resolution or Secretary’s Certificate
- Clear Photocopy of the authorized signatory’s valid ID and board members (who signed the board resolution)
- Audited financial statement in the last two (2) years.
- Certificate of Employment showing annual income of the keyman (maximum amount of coverage is 5X the keyman’s annual income)
- SEC Certificate of Registration of the Corporation and by-laws
- Certification from the corporation identifying its keyman and the description of Keyman’s role in the organization or keyman questionnaire
- Only term rider is allowed
- Owner and beneficiary of the policy should be the corporation

**Fringe Benefit Insurance**

- The underwriting requirements will depend on the purpose and proposed insurance scheme. Please call Underwriting for the exact requirements.

**Business Partnership Insurance/Buy Sell Insurance**

- Proof of business partnership showing percentage of ownership
- Partnership Buy and Sell Agreement Memorandum of Agreement
- Photocopy of valid ID with clear signature of business partners
- Audited Financial Statement in the last two (2) years

**Cross - Border Policy**

- Selling outside the Philippines is NOT allowed, AXA Group has a strict cross - border policy wherein Distributors are NOT allowed to sell outside of their licensed jurisdiction as this may expose AXA head Office or the AXA entity to substantial penalties or evident conflicts that may arise from strict insurance legislation of other countries. Additionally, under the Distributor’s license issued by the Insurance Commission, a Distributor may only sell within the Philippines i.e. definition of selling includes making presentations, prospecting, etc.

**Proposal**

- Information in the proposal should match the information in the application form and other documents submitted
- Printed date in the proposal should be consistent
- Complete pages of the proposal must be submitted

**ADA Form & CCPA Form**

- Use ADA form specified by the bank
- ADA / CCPA should be owned by the Policy Owner

**Monthly Mode of Payment**

- If chosen payment mode is monthly, it is required that the applicant choose from any of the following:
  - a. ADA
  - b. Credit Card
  - c. Post Dated Checks
 (11 PDC’s should be submitted after case approval)

**Note: Policy will only be issued after the PDC Acknowledgement Receipt is submitted; a copy of the PDC Acknowledgement Receipt should be submitted to Channel Services to facilitate case issuance.**

- Over the counter transaction and cash payment is not allowed.

**Primary ID (require to submit any one (1) of these Valid ID’s)**

- |   |  |
|---|--|
| 1. Passport including those issued by foreign governments | 15. Police Clearance   |
| 2. Driver’s license                                       | 16. Photo-bearing Barangay ID/Clearance  |
| 3. Professional Regulatory Commission (PRC) ID            | 17. Senior Citizen’s Card  |
| 4. Firearm’s license                                      | 18. Government office and GOCC ID (e.g. AFP, HDMF, DepEd)  |
| 5. Immigration I-Card                                     | 19. Alien Certification of Registration (ACR)/ Immigrant Certificate of Registration (ICR)       |
| 6. SSS Card   | 20. Photo-bearing National Council for the Welfare of Disabled persons ID/ Certification (NCWDP) |
| 7. GSIS e-Card  | 21. Photo-bearing DSWD ID/ Certification   |
| 8. New Voter’s ID   | 22. Integrated Bar of the Philippines (IBP) ID   |
| 9. Tax Identification Number                              | 23. Photo-bearing Credit Card  |
| 10. OFW ID  | 24. Photo-bearing HMO Card   |
| 11. Philhealth card                                       | 25. Postal ID  |
| 12. OWWA ID   |  |
| 13. Seaman’s Book   |  |
| 14. NBI Clearance   |  |

**Secondary or Substitute ID - any two (2) of the following IDs/documents issued by official authorities and private companies, at least one (1) is photo-bearing**

- |                                  |                               |
|----------------------------------|-------------------------------|
| 1. Employment ID                 | 4. Non-photo bearing HMO Card |
| 2. School ID                     | 5. ATM Card                   |
| 3. Non-photo bearing Credit Card | 6. Birth Certificate          |

*Note: At least one valid should be photobearing*

**OFWs - same guidelines govern the acceptance of valid IDs**

**Not-Philippine resident** - similar IDs duly issued by the foreign government where the customer is a resident or a citizen may be presented.

**Reminder:**

1. Presentation of the original to the distributor and submission of a clear copy of the valid ID issued by an official authority.
2. On the photocopy of the ID customer to affix 3 specimen signatures consistent with his/her signature as shown in the ID.
3. The distributor readily verifies the identity of the applicant and notes it down in the application form as “signature & original copy seen”
4. Ensure that the customer’s name, birthdate and signature in the valid ID match the name, signature in the NB documents i.e. application form, proposal, etc

**FATCA**

Provide US TIN/SSS Number if Proposed Owner is a U.S. Citizen or Tax Resident.