



### Important Notes:

1. This form is to be accomplished by the Bankassure Financial Executive/  
AgencyAdvisor in BLOCK LETTERS.
2. Please shade the circle to indicate your choice(s).
3. Please do not forget to have this form signed by your Area Sales Manager  
and Sales Director (for Bankassure Financial Executives) or Unit Head/Branch Head  
and Zone Head (for Agency Advisors) and the concerned Policy Owner.



Three rows of empty base ten blocks for subtraction. Each row shows a minuend of 3 tens and a subtrahend of 7 units.

### Type of Request

- Transfer of Business

## Policy Details

Policy Number	Name of Insured	Reason for Transfer	Signature over printed name of Policy Owner	Contact Info update (This is a mandatory field, at least 2 contact numbers must be provided.)
		<input type="radio"/> Reinstatement <input type="radio"/> Top up for ILP <input type="radio"/> Servicing Request		Home/Office No.: _____ Mobile No.: _____ Email Address: _____
		<input type="radio"/> Reinstatement <input type="radio"/> Top up for ILP <input type="radio"/> Servicing Request		Home/Office No.: _____ Mobile No.: _____ Email Address: _____
		<input type="radio"/> Reinstatement <input type="radio"/> Top up for ILP <input type="radio"/> Servicing Request		Home/Office No.: _____ Mobile No.: _____ Email Address: _____
		<input type="radio"/> Reinstatement <input type="radio"/> Top up for ILP <input type="radio"/> Servicing Request		Home/Office No.: _____ Mobile No.: _____ Email Address: _____
		<input type="radio"/> Reinstatement <input type="radio"/> Top up for ILP <input type="radio"/> Servicing Request		Home/Office No.: _____ Mobile No.: _____ Email Address: _____

## Transfer of Business Details

Name of transferee Financial Executive/Advisor (Last Name, First Name, Middle Initial)

[illegible]

Branch/Unit Code

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Personal Code

\_\_\_\_\_

Branch Name

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**FOR OFFICE USE ONLY**

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

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

Receiving

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

## Declaration and Agreements

I hereby request the aforementioned policy/ies to be transferred under my given personal code. I understand and on behalf of myself/ourselves/and all relevant persons that;

- (1) I will be accountable for the future persistency performance of the transferred policy/ies
- (2) As part of my business, proper servicing shall be observed

I/ We HEREBY DECLARE AND AGREE on behalf of myself/ourselves/and all Relevant Persons that;

- (1) 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;
- (2) should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my/our part in disclosing the information, the Company shall have the right to cancel the Policy or repudiate the claim and forfeit all payments received;
- (3) the Company is not bound by any statement which I may have made to any person if not written or printed here.

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

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

**Signature over printed name of Financial Executive/Advisor**

**Approved by:**

**Signature over printed name of Area Sales Manager/Unit Head**

**Signature over printed name of Regional Sales Manager/Branch Head**

**Noted by:**

**Signature over printed name of Sales Director/Zone Head**

## 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