

Variable Life Policy Lump Sum/ Regular Top-Up and Premium Holiday Application Form

Policy Number(s)								
	_							
	_							
	_							

Important Notes:

1. This form is to be accomplished by the Policy Owner/Assignee in BLOCK LETTERS.

 Please do not sign on a blank form. Please put a shade in the circle to indicate your choice(s).
Type of Request
Lump Sum Top-Up Application Regular Top-Up Application Premium Holiday 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
Lump Sum Top-up Application
I would like to pay Lump Sum Top-Up premium in the following amount: USD Peso Regular Top-Up Application
I would like to pay Top-Up Premium in the following amount / apply for the change of Top Up Premium payment to the following amount. USD Peso I /We would like to cancel Regular Top-Up Premium.
Premium Holiday Application I/We would like to stop paying Regular Premium and Top-Up Premium (if any) on the next due date following AXA Philippines approval of this application for a period of premium holiday which shall end on such date determined by AXA Philippines when the Account Value of the above policy is found insufficient to cover the relevant policy charges due.

🔵 I /We would like to resume paying Regular Premium and Top-Up Premium (if any) on the next due date of Regular

Premium and Top-Up Premium (if any) immediately following the date of approval of this application and signed by

FO	R	OF	FIC	ΕU	SE	ONLY	

TUR UFFICE US	E UNLY
Date Received:	
Time Received:	
Receiving	
Dept./Office:	

				ONLY

FE/Advisor's code:

FE/Advisor's name:

FE/Advisor's mobile number:

Notes:

Lump sum premium refers to an additional non-recurring investment amount.

Minimum Lump sum Top-Up premium and/or minimum regular Top-Up premium are subject to minimum amount set by AXA Philippines.

Both the Regular Top-Up Premium and Lump Sum Top-Up Premium will be invested according to the existing Fund Allocation Instruction.

Top-Up premium refers to an additional recurring investment amount and will be collected together with regular premium in the chosen premium collection method. Likewise, investment will be made in the same fund instruction as stated for regular

The premium holiday feature refers to the use of the fund's available account value to settle applicable policy charges if regular policy premium remains unpaid after the grace period.

To safekeep your investment, we recommend completion of at least 5 years of premium payments before electing the premium holiday option.

AXA Philippines at its head office.

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			

Requirements:

Duly accomplished Variable Life Policy Fund Switch and Change in Fund Allocation Form.

Payment Slip/Deposit Slip (for Top-up).

Photocopy of two (2) Current Valid IDs with clear signature of the Owner/Irrevocable Beneficiary.

Declarations and Agreement

HEREBY DECLARE AND AGREE that:

Signed at

- (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:
 - 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.

_____ this _____day of _

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	inf	formation:
------	----	----	---------	-----	------------

O Home O B	usin	ess
J	uo	
Home No.:		
Office No.:		
J11100 110		
Mobile No.:		
Email Address:		
ES! I would like t	o re	ceive news
rom AXA via:		
O Mail	0	Email
		Personal Call

2 of 2

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signature ove	er printed name	of Policy Ow	/ner		
Signature ove	er printed name	of Assignee	*, if any		
Signature ove	er printed name	of Irrevocab	le Beneficiar	y*, if any	

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

PPH1VLSRTP2011.07		