

Variable Life Policy Fund Switch and Change in Fund Allocation Form

and Change	e in Fund A	Alloc	cation Form
nportant Notes: 1. This form is to be ac 2. Please do not sign of 3. Please put a shade	on a blank form.		ssignee in BLOCK LETTERS.
Type of Request	in the circle to indicate	your choice	oce(s).
Fund Allocation (Fund Switch		
Policy Details			
Full Name of Insured (La	st Name, First Name, Mic	ddle Initial)	
Phone No.	Cellphone No.		Email
Full Name of Policy Own	er (Last Name, First Name	e, Middle In	nitial)
Phone No.	Celiphone No.		Email
Phone No.	Cemphone No.		
Full Name of Assignee			
Phone No.	Cellphone No.		Email
Applicable to Chan	ge in Fund Allocati	ion Instru	Allocation Percentage (%)
			Total 100%

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

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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

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.

Signed at	thisday of
Signature over printed nar	ne of Policy Owner
Circustum annu uninte d'un no	
Signature over printed nar	ne of Assignee*, if any
Signature over printed nar	me of Irrevocable Beneficiary*, if any
*If there is more than 1 assign respective names and signatu	nee and or irrevocable beneficiary, please use this portion in indicating their res.

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:

	ng Address: Home \(\mathcal{O} \) E	Busin	ess
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Hom	e No.:		
Offic	e No :		
J1110	0 140		
Mobi	ile No.:		
Emai	il Address:		
YES!	I would like	to re	ceive news
from	AXA via:		
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