

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
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Declaration and Authorization

I/We/all Relevant Persons DECLARE AND AGREE that I/we have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Signature over printed name of Policy Owner

Signature over printed name of Assignee*, if any

Signature over printed name of Irrevocable Beneficiary*, if any

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

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