

10. DECLARATION OF PROPOSED INSURED and OWNER (If Payor's Clause is applied for)

		Proposed Insured	Proposed Owner (Owner to answer if payor's clause is applied for)	If "Yes", please indicate details			
1.	Do you smoke cigarettes/cigars? (If yes, indicate no. of sticks/day & no. of years)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	no. of	sticks/day	PI	O
					months/years		
2.	In the last 2 years, have you:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
	a. Consulted a medical doctor or been referred for tests or investigation or had any medical test/s	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
	b. Been diagnosed, or received treatment, medication or advice pertaining to unexplained weightloss, high blood, heart or lung disease, diabetes, tumor or cancer, mental or neurologic dysfunction, liver disease, or any other ailment with or without physical impairment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
3.	Have you had at least 2 immediate family members (parent or siblings) who were diagnosed or died of hypertension, diabetes, heart or kidney disease, mental illness or cancer or any diseases not mentioned above prior to age 50?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
4.	Including this new application, is your total insurance cover above Php3m? If yes, please provide the company name, product type and /or riders, amount of coverage and issue date?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
5.	In the last 2 years, have you participated in sky/scuba diving, bungee jumping, motor racing or hazardous sports or activities for more than 3x?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
6.	Are you and/or your immediate family member entrusted with appointive or elective position in the Philippines or in a foreign state, a senior politician, judicial or military official, senior executive of government or state-owned or controlled corporations or political party official?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Proposed Insured Position/Public Office	Proposed Owner Position/Public Office		
7.	Have you been involved or included in any lawsuit or court litigation?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	If yes, please state reason (indicate the nature of case, involvement and status) <input type="radio"/> Plaintiff/Complainant <input type="radio"/> Defendant/Accused Status: _____			
8.	For Female Applicant Only Are you currently pregnant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	If yes, how many months? _____ Expected delivery date _____			
9.	If Proposed Insured is juvenile a. How many siblings does the child have? _____ b. Are all siblings insured? <input type="radio"/> Yes, how much? _____ <input type="radio"/> No, please specify reason _____						

Disclosure: In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

11. REPLACEMENT OF EXISTING LIFE INSURANCE POLICIES

Replacing an existing life insurance with a new one is in most cases disadvantageous as you might be confronted with a loss of financial benefits or higher premiums in the new plan. Before you decide to replace a policy, ensure that you have full information of both policies.

Is this Policy replacing another policy with **AXA** or any other insurance company? ☐ Yes ☐ No

12. HOME OFFICE ENDORSEMENT AND SPECIAL INSTRUCTIONS**13. DECLARATIONS AND AGREEMENT:****I/WE UNDERSTAND, DECLARE AND AGREE THAT:**

- Before signing this Application, I/we have read the same carefully and the questions were fully explained to me/us in a language/dialect which I/we understand.
- The answers or statements made in this Application and those that I/we made in the Full Medical Report and any other document attached thereto, are complete, true and correctly recorded and shall form part of and be the basis of the insurance contract herein applied for. Failure to make a full disclosure renders the contract voidable.
- I/We understand that the designated Contingent Owner (if any) will automatically become the new Owner of this policy or in the event that I/we have not designated a Contingent Owner, I/we understand that the Insured shall automatically become the new Owner of the Policy in the event that the Owner predeceases the Insured while the Policy is in force.