



redefining / standards

Variable Life Partial Withdrawal Form

Important Notes:

1. This form is to be accomplished by the Policy Owner/Assignee in BLOCK LETTERS.
2. Please do not sign on a blank form. Only one (1) copy of this form is needed for processing.
3. Please put a shade in the circle to indicate your choice(s).

Policy Details (MANDATORY SECTION. All fields should be provided.)

Full Name of Policy Owner (Last Name, First Name, Middle Name)

Send me Policy updates via: ☐ E-mail ☐ Post ☐ SMS Notification

Current cellphone no. - (09XX-XXXXXXX)

E-mail address

Other telephone nos.

Residence

Office

☐ I agree to use my personal data for direct marketing purposes and wish to receive any promotional and direct marketing materials.

☐ Yes, I am a US Citizen or US Tax Resident with TIN No.: _____

Declaration for Policy Fund Redemption

I, the undersigned, owner of the above policy, hereby apply for the partial withdrawal from the Account Value of the following Investment Fund(s) as indicated below subject to the relevant terms and conditions of my policy. I understand and agree that the application shall only take effect provided all of the following conditions are met:

- (a) the application is approved by the Company at the Company's Office during the lifetime of the person insured by the policy;
- (b) I am legally entitled to the benefits to be withdrawn under the above policy, which have not been assigned or transferred to any other party and that no proceedings in bankruptcy or insolvency have been instituted or are pending against me.

Application for Policy Fund Redemption

Fund Name	No. of Units to be withdrawn

Certification of Customary Signature (MANDATORY SECTION.)

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.



Policy Number(s)

 - - -

BRANCH/HEAD OFFICE ASSESSMENT

Original Documents:

Date & Time of Receipt:

Receiving Branch:

Receiving BOS:

Call out validation may be required prior to approval &/or pay out. Please ascertain accuracy of your contact information to avoid delays in processing.

Basic Requirements:

Policy Owner, Assignee & irrevocable beneficiary/ies (if any) must submit clear copy/ies of photo-bearing valid ID with signature.

The amount/number of Units to be withdrawn and the outstanding Account Value/number of Units after withdrawal must not be less than the minimum amount as determined by the company from time to time.

Your Policy may still be subject to REDEMPTION/SURRENDER CHARGES. Please make sure to check the Surrender Charge provision of your Policy before you proceed with your request.

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 the Company (whether contained in the application/s 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 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. I/We agree to deduct any applicable Surrender Charge from this Policy withdrawal.
5. 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;
6. 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 the head of the Channel Services Department at the Company's Home Office.

IMPORTANT: COMPANY ONLY REQUIRES SUBMISSION OF ONE (1) COPY OF THIS FORM. 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.

Assisting Distributor Declarations

I declare that I: 1) have fully explained to the Policy Owner all relevant information regarding the transactions in this form and 2) the contact details in this form are not my contact number or email address. I also certify that 1) I personally saw the Policy Owner, irrevocable beneficiaries & assignee (if any) affix his/her/their signatures/s in this form and have verified his/her/their identity and 2) I have examined the original ID/s provided and the attached photocopy/ies are true and correct copy/ies of the original ID/s.

Name of Distributor

	Code No.
	Mobile No.

Signature of Distributor

Policy Number:		Policy Owner:		Date:	
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Account type:	Bank Name:	Branch Name:	Swift Code <i>(for Non-Metrobank)</i>
<input type="radio"/> Peso account <input type="radio"/> Dollar account	<input type="radio"/> Metrobank <input type="radio"/> Others: _____		

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[illegible]

1. I declare that I am the owner of the bank account specified above and that the proceeds of this application/policy once deposited to the account aforementioned shall be equivalent to payment and I shall render AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said application/policy.
2. I understand that should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
3. I, the undersigned, also take full responsibility in the accuracy of the account name and number indicated above. Should there be any error(s) in the information, I understand that this will result to delays in the crediting of the policy proceeds and I shall bear the consequences.
4. Before signing this declaration and agreement, I have read and understood all declarations which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

Signature Over Printed Name of Bank Officer

☐ Thru my Billing Address:(House No./Street) (Brgy) (City) (Province) (Zipcode) (Applicable for amounts below Php 500,000.00 only)

Guide for Additional Requirements:

1. For minor irrevocable beneficiaries, a notarized Affidavit of Guardianship must be submitted, executed by a guardian other than the Policy Owner. The guardian should sign the form in behalf of the minor irrevocable beneficiary.
2. For Metrobank assigned Policies, a notarized Cancellation of Assignment Form must be submitted. For non-Metrobank assigned Policies, a bank clearance with the Policy's information written in the bank's letter head must be submitted.
3. If the Policy Owner is a legal entity, the following must be submitted:
 - For Sole Proprietorship - Latest original or Certified True Copy of Department of Trade and Industry (DTI) Certificate of Registration
 - For Partnership
 - Latest original or Certified True Copy of DTI Certificate of Registration
 - Notarized Special Power of Attorney (SPA) executed by all partners authorizing the withdrawal request for the AXA Policy. It should also include the current signatory/ies for the request.
 - Clear copy of valid IDs of all the partners with specimen signatures
 - For Corporation
 - Notarized Corporate Secretary's Certificate certifying that the Corporation is authorizing the withdrawal request for the AXA Policy. It should also include the current signatory/ies of the entity.
 - Company & valid ID of the signatory in the Sec Cert and the authorized signatory/ies for the request.
4. If this form is signed outside the Philippines, please have this form authenticated by the Philippine Consul in your locality. Any other document or IDs issued outside of the Philippines must be authenticated by the Philippine Consul as well.

How do I track the status of my request

You will be updated through SMS and/or e-mail (if you choose e-notiXes) of additional requirements, if any. If you have any query on your request, you may get in touch with your AXA distributor or reach us by:



+632 5815-AXA (292)



customer.service@axa.com.ph



www.axa.com.ph

**AXA is committed to making your service experience as easy and stress-free as possible.
Thank you for insuring with us. We are always glad to be of service.**