

# Release, Waiver and Quitclaim 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.
3. Please shade the circle to indicate your choice(s).
4. This form must be submitted with the original policy and a photocopy of insured and policyowner's identification document.
5. This form is for one policy only.
6. This application will take effect as soon as policyholder receives the full amount of payment from AXA Philippines.

## Type of Request

- ☐ Policy Cancellation (Variable Life)      ☐ Policy Surrender (Traditional Life)

## Policy Details

**Full Name of Insured (Last Name, First Name, Middle Initial)**

[illegible]**Phone No.**

**Cellphone No.**

Email

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

[illegible]**Phone No.**

**Cellphone No.**

Email

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**Full Name of Assignee**

[illegible]**Phone No.****Cellphone No.**

Email

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## The Statement

KNOW ALL MEN BY THESE PRESENTS:

I, \_\_\_\_\_, of legal age, Filipino, married/single and presently residing at \_\_\_\_\_, for and in consideration of the sum of Pesos/US Dollar: \_\_\_\_\_ ( PhP US\$ \_\_\_\_\_), receipt of which in full is hereby acknowledged from AXA Philippines (the "Company") with principal place of business at Philippine AXA Life Centre, Sen Gil Puyat Avenue, Makati City, representing full payment of the Account Value/Cash Value/ Maturity Benefit of Policy No./s \_\_\_\_\_, as well as any and all claims which I may have against AXA Philippines arising from the said policy, hereby declare and accept that I have no more right or interest of any kind whatsoever from the Company arising from the said policy and I state that:

1. I quitclaim, release, waive, and forever discharge the Company and its successors-in-interest, including its directors, officers, employees and agents, from any and all action of whatever nature, expected, real or apparent, sum of money, damages, claims and demands whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have by reason of any matter, cause or thing whatsoever, up to the time of these presents, the intention hereof being to completely and absolutely release the Company and its successors-in-interest, including its directors, officers, employees and agents, from any and all liabilities arising wholly, partially or directly from my said transaction with the Company;
2. Any and all actions which I may have commenced either solely in my name or jointly with others before any office, board, bureau, court, or tribunal against AXA Philippines, its directors, officers, employees or agents are hereby deemed and considered voluntarily withdrawn and I will no longer testify or continue to prosecute said action(s).



Policy Number(s)

**FOR OFFICE USE ONLY**

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:**

**Policy Owner and Assignee/  
Irrevocable Beneficiary/ies (if any)  
must submit clear photocopy of  
stated identification cards that  
clearly shows photo, signature and  
other details and should NOT be  
expired.**

IN WITNESS WHEREOF, I have hereunto affixed my signature on this \_\_\_\_\_, at \_\_\_\_\_."

Signed in the presence of:

BEFORE ME, a Notary Public, on this \_\_\_\_\_, at \_\_\_\_\_, personally appeared the following persons, exhibiting to me their valid and current identification documents with their pictures and signatures appearing thereon:

known to me and to me known to be the same persons who executed the foregoing Release Waiver and Quitclaim consisting of \_\_\_\_ pages, and they acknowledged to me that the same is their true and voluntary act and deed as well as the true and voluntary act and deed of the entities they represent.

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of \_\_\_\_\_.