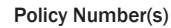




Please accomplish **ALL FIELDS** for the registration.



Three rows of base ten blocks illustrating the equation  $33 + 37 = 70$ . Each row shows 3 tens rods and 3 ones units on the left, and 7 tens rods on the right. The bottom row has a shaded bottom section.

☐ Enrollment in MyAXAClick

**POLICY OWNER NAME (All fields are required)**

**FIRST NAME**[illegible]

**LAST NAME**

[illegible]

DATE OF BIRTH (MM/DD/YYYY)

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MAILING ADDRESS (Please type in your address as it was presented in your premium notice)

RESIDENCE ADDRESS (PLS. INCLUDE NO., STREET, CITY, PROVINCE)

--

ZIP CODE

BUSINESS ADDRESS (PLS. INCLUDE NO., STREET, CITY, PROVINCE)

--

**ZIP CODE**

**PREFERRED MAILING ADDRESS (Select One)**

[Home](#)

[Home](#)

Business

Business

**CONTACT NUMBER** (Please provide at least two (2) numbers)

MOBILE NUMBER

$$\begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|c|c|} \hline & & & & & \\ \hline \end{array}$$

HOME PHONE NUMBER

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 - 

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AREA CODE

**BUSINESS PHONE NUMBER**

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AREA CODE

E-MAIL ADDRESS (THIS WILL BE USED TO SEND YOUR PASSWORD &amp; UPDATES)

--

**USERNAME** (You may use alphanumeric characters for your username up to a maximum of 25 characters)

[illegible]

**I Hereby attest that the above information are true and correct.**

**SIGNATURE OVER PRINTED NAME OF POLICY OWNER**