



# Collateral Assignment Form

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 put a shade in the circle to indicate your choice(s).

## 1 of 2

## Acknowledgement

REPUBLIC OF THE PHILIPPINES)  
) S.S.

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:

NAME	Competent Evidence of Identity	Date and Place of Issue / Validity
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Known to me and to me known to be the same persons who executed the foregoing service Agreement consisting of two (2) pages including this page on which this acknowledgement is written, signed by the parties and their instrumental witnesses and they acknowledge to me that the same is their own free and voluntary act and deed, as well as the free and voluntary act and deed of the corporations/entities herein represented.

WITNESS MY HAND SEAL, on the date and at the place above written.

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

## 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

## Declarations and Agreement

I HEREBY DECLARE AND AGREE on behalf of myself that all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true.

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