

# **Declaration of Lost Policy and Reissue Request 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 put a shade in the circle to indicate your choice(s).

Service	Request
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(A) Type of request  Reissue a duplicate copy of original policy and declare original policy has been misplaced / lost / destroyed.  Declare original policy has been misplaced / lost / destroyed and reissue of policy is not necessary.
(B) Reason for lost of policy  Misplaced Destroyed Never received  Other (please state details)

## **Policy Details**

Full Name of Insured (Last I	Name, First Name, Middle Initial)	
Phone No.	Cellphone No.	Email
Full Name of Policy Owner (	Last Name, First Name, Middle In	itial)
Phone No.	Cellphone No.	Email
Full Name of Assignee		
Phone No.	Cellphone No.	Email

# **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:

have signed both with my customa	ry signatures as follows:	
1.	2	3

Policy Number	(s)				
	_				
	]_				
	_				

FOR	OFFIC	E US	SE ON	LY

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:

Corresponding fees apply to process reissuance of policy.

## **Declarations and Agreement**

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this request form ("Relevant Persons") that;

- (1) 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;
- (2) the original policy has not, to the best of my /our knowledge and belief, been pledged, assigned or otherwise parted with for value or otherwise to any person or persons whomsoever who has or could have any right, title or claim thereto as against or paramount to my title thereto, and I have not received notice of any am not aware of such claim.

I DECLARE that the original policy contract has been lost/destroyed. No other person has any claim or interest in the policy by virtue of any assignment or mortgage. I hereby apply for a duplicate of the policy contract and agree that the original policy contract and any previously issued duplicated policy contract shall cease to be the policy contract of this policy upon the issuance of the duplicate policy contract.

I/We DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations and agreements.

igned at	thisday of
ignature over printed na	nme of Policy Owner
Signature over printed na	nme of Assignee*, if any
Signature over printed na	nme of Irrevocable Beneficiary*, if any
Signature over printed na	nme of Irrevocable Beneficiary*, if any
	gnee and or irrevocable beneficiary, please use this portion in indicating their
*If there is more than 1 assi	gnee and or irrevocable beneficiary, please use this portion in indicating their
*If there is more than 1 assi	gnee and or irrevocable beneficiary, please use this portion in indicating their

Acknowledgem	nent	
REPUBLIC OF THE PH	HILIPPINES) ) S.S.	
		, personally appeared the following persons, ents with their pictures and signatures appearing
NAME	Competent Evidence of Identity	Date and Place of Issue / Validity
of three (3) pages in instrumental witness well as the free and v	cluding this page on which this acknowled	·
Doc. No	;	

## 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.

Mailing Address:		
O Home O B	usin	ess
Home No.:		
nome No		
Office No.:		
Mobile No.:		
Email Address:		
Email / Ida ress.		
YES! I would like t	to re	ceive news
from AXA via:		
O Mail	0	Email
○ Mobile SMS	$\bigcirc$	Personal Call

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