

Collateral Assignment Form

portant Notes: 1. This form is to be 2. Please do not sig 3. Please put a sha	n on	a bla	ank	form							e ii	n E	3L0	С	ΚL	.E1	TE	R	6.		L					
Type of Request																										
Collateral Assignm	ent																									
Policy Details																										
Full Name of Insured	(Last i	Nam	e, Fi	rst N	ame,	Mid	idle	e Init	al)																	
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Phone No.		Ce	ellph	one N	lo.			'		Ema	il					_		-							-	_
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Full Name of Assigned)			_		\top	_		Т		_			Т	Т	_		Т	Т	T	_	_				٦
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The Assignment For and in consideration Loan No		-			accoi						_					ier	tio	ne	d b	elo	w:					_
Amount of Loan	:_																				_					
Creditor Information																										
Name	:_																				_					
Branch Address	:-																				_					
of whatever nature now the "Assignor") in fav assigns, transfers and s penefit up to the value o	or of sets o of the	ver t	o the	e Ass	ignee uch sı	, as	co	llater shal	al so	ecurit outst	y fo	or t	he g th	pa ner	– (iym eu	(th er	e it c er,	"As of t of	sig he all i	sai no	d lo	an, s in	th sui	e c red	eat or t	th to
pecome payable ι	ınder				rance urer")	da	poli ted	cy I	nur	nbere	d	-				(p	olio	Cy	da	te)	— wi			ed sic		oy m
assured of				_ an	d any	/ SU	ıpp	leme	ntar	y con	tra	cts	is	su	ed	in	(cor	ne	ctic	n 1	her	ew	ith	(th	ne
'Policy"), upon the life on and of any dividends th	at may	y be	decla	ared 1	from t	ime	to	time	If I	shall	wel	l a	nd	tru	ly p	oay	, o	rс	aus	ed	to	be p	oai	d, t	o th	ne
do or knowingly suffer Assignee may be preve payable. I declare that a pbligations under the P	anythi nted f recei	ing to from ipt si	o be rece gned	done iving I by th	whe or be ne sai	reby de d As	y th priv	ie sa /ed o (nee :	d Po f the shall	olicy r right fully	nay t to disc	b re cha	e r cei arg	en ive je t	der the	ed e r Co	vo noi mp	oid nie oar	or s ir ıy fı	voi su om	dat red its	to lia	or to bili	the bed ties	sai om an	id ne nd m

employees and agents, from any and all liabilities arising wholly, partially or directly from my said transaction with

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:

Notes:

Assignor is the current policy owner or the insured (with the consent of the owner) who intends to assign the policy rights to an assignee.

Assignee is the entity or person to whom rights of benefits as stated in the assignment are assigned.

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the Company.

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	
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. ;	Let's Stay Connected!
Series of	We would like to serve you
	better and keep you abreast
Certification of Customary Signature	with news and information
IMPORTANT. If signature different between AVA file and decomposite designation of the signature of the signa	about the Company and your policy. Help us ensure timely
IMPORTANT: If signature differs between AXA file and documents submitted, please complete this form. CERTIFICATION OF CUSTOMARY SIGNATURE	delivery of our services
	by providing us your current
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.	contact information.
Finally, the signature appearing on all the forms and valid ID/s are my customary signatures and for which reason	Horo is my undeted information.
I have signed both with my customary signatures as follows:	Here is my updated information: Mailing Address:
1. 2 3	O Home O Business
Declarations and Agreement	
Deciarations 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.	Home No.:
IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM	
Signed at thisday of	Office No.:
Signature over printed name of Policy Owner	
	Mobile No.:
Signature over printed name of Assignee*, if any	Email Address:
	YES! I would like to receive news from AXA via:
Signature over printed name of Irrevocable Beneficiary*, if any	O Mail O Email
	O Mobile SMS O Personal Call
*If there is more than 1 assignee and or irrevocable beneficiary, please use this portion in indicating their	
respective names and signatures.	

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