



Three rows of empty base ten blocks for subtraction. Each row consists of a 3-column block on the left and a 7-column block on the right, separated by a minus sign.

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. Only one (1) copy of this form is needed for processing.
3. Please put a shade in the circle to indicate your choice.

Cash Withdrawal as specified

☐ Policy dividend ☐ Refund of excess payment ☐ Policy Loan

Amount to be withdrawn

☐ All balance ☐ Partial cash withdrawal in the amount of _____
☐ to be paid to me ☐ to be applied to Policy No. _____
☐ as premium payment ☐ as loan payment ☐ others _____

Policy Details (MANDATORY SECTION. All fields should be provided.)

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

Send me Policy updates via: ☒ **E-mail** ☐ **Post** ☐ **SMS Notification**

Current cellphone no.

				-							(09XX-XXXXXXX)
--	--	--	--	---	--	--	--	--	--	--	----------------

E-mail address

Other telephone nos.

Residence	Office

- ☐ I agree to use my personal data for direct marketing purposes and wish to receive any promotional and direct marketing materials.
- ☐ Yes, I am a US Citizen or US Tax Resident with TIN No.: _____

Application for Policy Loan

Application for policy loan

☐ Maximum amount available

Certification of Customary Signature (MANDATORY SECTION.)

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
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BRANCH/HEAD OFFICE ASSESSMENT

Original Documents:

Date & Time of Receipt:

Receiving Branch:

Receiving BOS:

Basic Requirements:

Policy Owner, Assignee & irrevocable beneficiary/ies (if any) must submit clear copy/ies of photo-bearing valid ID with signature.

Please be prepared to present your valid ID.

For your own protection and benefits, we are always glad to help review your insurance policy with you. Please contact our Customer Service Hotline at 581-5292.

Important:

Payment of Loan is encouraged to restore the cash value and/or conserve intended benefits.

Declarations and Agreement

The undersigned hereby applies to the Company for a loan and/or borrow against Policy Cash value on the above policy and hereby assigns to the Company, the policy and benefits now due or which may hereafter become due or be allowed by the Company on the policy, to secure the repayment of the said loan and the interest thereon. The undersigned executing this form certifies to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me. I declare that I have read and understood the relevant conditions stated below and agree to and accept the same.

I/We, the undersigned, owner/s and/or irrevocable beneficiary/ies of the said policy, hereby apply for the policy loan as indicated above subject to the relevant terms and conditions of the policy.

I/We understand and agree on behalf of myself and the Insurance/ Policyowner ("Relevant Persons") that:

1. That this loan shall bear interest prescribed by the Company payable in advance from this date of next anniversary date of my/our policy when the loan becomes due and repayable in accordance with the terms and conditions of the policy;
2. That this loan and the interest hereinabove specified shall be paid at the Home Office of the Corporation while the policy remains in force, and during that time the loan may be paid in full amount or installments; and that credit will be allowed for the unearned or unexpired interest on every payment made;
3. That from the said sum borrowed shall be deducted any existing loan advances, indebtedness and other accounts due on said policy, and the interest on this loan;
4. That any notice relative to this loan addressed to my/our last known post office address shall be deemed to have been duly served;
5. That the provisions of the said policy in relation to policy loans, not otherwise stated herein, are hereby incorporated in this Loan Agreement, by reference, and made a part thereof;
6. That if the amount of loans or other indebtedness to the Corporation on the said policy, together with the accrued interest thereon, shall become equal to the policy's cash value, your failure to pay the loans and other indebtedness together with the accrued interest thereon within the period specified in the written notice thereof shall terminate your policy and render it with no force and effect without the necessity of further notice; and
7. That I/we further agree that this assignment of my/our rights and interest in the policy against which this policy loan is granted shall be binding upon me/our successors in interest or assigns even if such assignment be not endorsed on the policy, any provisions therein to the contrary notwithstanding.

IMPORTANT: COMPANY ONLY REQUIRES SUBMISSION OF ONE (1) COPY OF THIS FORM. 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

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*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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Assisting Distributor Declarations

I declare that I: 1) have fully explained to the Policy Owner all relevant information regarding the transactions in this form and 2) the contact details in this form are not my contact number or email address. I also certify that 1) I personally saw the Policy Owner, irrevocable beneficiaries & assignee (if any) affix his/her/their signatures/s in this form and have verified his/her/their identity and 2) I have examined the original ID/s provided and the attached photocopy/ies are true and correct copy/ies of the original ID/s.

Name of Distributor

	Code No.
	Mobile No.

Signature of Distributor

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Payment Instructions (Choose 1 of 3 option)
Mandatory Section. Below is my preferred pay out method for the proceeds of:

 Policy Number: Policy Owner: Date:
☐ **Option 1: Direct Credit to my Bank Account**
Reminder: Fund transfer is only allowed to the bank account of the Policy Owner.

Account type:	Bank Name:	Branch Name:	Swift Code (for Non-Metrobank)
<input type="radio"/> Peso account <input type="radio"/> Dollar account	<input type="radio"/> Metrobank <input type="radio"/> Others: <input type="text"/>	<input type="text"/>	<input type="text"/>

Account Name of payee:	Account Number of payee:																				
<input type="text"/>	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

Declarations and Agreements:

- I declare that the proceeds of this application/policy once deposited to the account aforementioned shall be equivalent to payment to me directly of the same and I shall render AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said application/policy.
- I understand that should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
- I, the undersigned, also take full responsibility in the accuracy of the account name and number indicated above. Should there be any error(s) in the information, I understand that this will result to delays in the crediting of the policy proceeds and I shall bear the consequences.
- Before signing this declaration and agreement, I have read and understood all declarations which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

Signature Over Printed Name of the Policy Owner

Date of Signing

Signature Over Printed Name of Bank Officer

☐ **Option 2: Cash Withdrawal (Applicable for Dollar policies and can be withdrawn at any Metrobank Branches only)**

Preferred branch details:

Preferred Metrobank Branch:

Branch Tel. No.:

Branch Fax No.:

Specimen Signatures:

1.

2.

3.

☐ **Option 3: Check Payment**
Reminders: Check payment is named under the Policy Owner (PO) and must be deposited to the PO's bank account.

- For Peso Checks, there is a 3-day clearing period. For Dollar Demand Draft, there is a 45-day clearing period.
- Checks amounting to Php 500,000 and up (and its Dollar equivalent for Demand Draft) must either be picked up by the Policy Owner or Authorized Representative.
- For Check/Demand Draft to be picked up by an Authorized Representative, the Representative should present his/her valid ID and the valid ID of the Policy Owner (if Representative is other than an AXA Distributor).

☐ I will pick up the Check at

☐ Head office ☐ AXA Branch:

☐ Thru my Personal Representative

Name:

☐ Thru my Billing Address: (House No./Street) (Brgy) (City) (Province) (Zipcode) (Applicable for amounts below Php 500,000.00 only)

Guide for Additional Requirements:

1. For minor irrevocable beneficiaries, a notarized Affidavit of Guardianship must be submitted, executed by a guardian other than the Policy Owner. The guardian should sign the form in behalf of the minor irrevocable beneficiary.
2. For Metrobank assigned Policies, a notarized Cancellation of Assignment Form must be submitted. For non-Metrobank assigned Policies, a bank clearance with the Policy's information written in the bank's letter head must be submitted.
3. If the Policy Owner is a legal entity, the following must be submitted:

For Sole Proprietorship	- Latest original or Certified True Copy of Department of Trade and Industry (DTI) Certificate of Registration
For Partnership	- Latest original or Certified True Copy of DTI Certificate of Registration - Notarized Special Power of Attorney (SPA) executed by all partners authorizing the withdrawal request for the AXA Policy. It should also include the current signatory/ies for the request. - Clear copy of valid IDs of all the partners with specimen signatures
For Corporation	- Notarized Corporate Secretary's Certificate certifying that the Corporation is authorizing the withdrawal request for the AXA Policy. It should also include the current signatory/ies of the entity. - Company & valid ID of the signatory in the Sec Cert and the authorized signatory/ies for the request.
4. If this form is signed outside the Philippines, please have this form authenticated by the Philippine Consul in your locality. Any other document or IDs issued outside of the Philippines must be authenticated by the Philippine Consul as well.

How do I track the status of my request

You will be updated through SMS and/or e-mail (if you choose e-notiXes) of additional requirements, if any. If you have any query on your request, you may get in touch with your AXA distributor or reach us by:



+632 5815-AXA (292)



customer.service@axa.com.ph



www.axa.com.ph

**AXA is committed to making your service experience as easy and stress-free as possible.
Thank you for insuring with us. We are always glad to be of service**