redefining / insurance

Policy Number(s)

Release, Waiver and Quitclaim 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 shade the circle to indicate your choice(s).
4. This form must be submitted with the original policy and a photocopy of insured and policyowner's identification document.
5. This form is for one policy only.
6. This application will take effect as soon as policyholder receives the full amount of payment from AXA Philippines.

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Receiving Dept./Office: _____

Type of Request

◯ Policy Cancellation (Variable Life) ◯ Policy Surrender (Traditional Life)

FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code: _____

FE/Advisor's name: _____

FE/Advisor's mobile number: _____

Policy Details

Full Name of Insured (Last Name, First Name, Middle Initial)

Phone No. **Cellphone No.** **Email**

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

Phone No. **Cellphone No.** **Email**

Full Name of Assignee

Phone No. **Cellphone No.** **Email**

Note:

Policy Owner and Assignee/ Irrevocable Beneficiary/ies (if any) must submit clear photocopy of stated identification cards that clearly shows photo, signature and other details and should NOT be expired.

The Statement

KNOW ALL MEN BY THESE PRESENTS:

I, _____, of legal age, Filipino, married/single and presently residing at _____, for and in consideration of the sum of Pesos/US Dollar: _____ (PhP US$_____), receipt of which in full is hereby acknowledged from AXA Philippines (the "Company") with principal place of business at Philippine AXA Life Centre, Sen Gil Puyat Avenue, Makati City, representing full payment of the Account Value/Cash Value/ Maturity Benefit of Policy No./s _____ as well as any and all claims which I may have against AXA Philippines arising from the said policy, hereby declare and accept that I have no more right or interest of any kind whatsoever from the Company arising from the said policy and I state that:

1. I quitclaim, release, waive, and forever discharge the Company and its successors-in–interest, including its directors, officers, employees and agents, from any and all action of whatever nature, expected, real or apparent, sum of money, damages, claims and demands whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have by reason of any matter, cause or thing whatsoever, up to the time of these presents, the intention hereof being to completely and absolutely release the Company and its successors-in-interest, including its directors, officers, employees and agents, from any and all liabilities arising wholly, partially or directly from my said transaction with the Company;
2. Any and all actions which I may have commenced either solely in my name or jointly with others before any office, board, bureau, court, or tribunal against AXA Philippines, its directors, officers, employees or agents are hereby deemed and considered voluntarily withdrawn and I will no longer testify or continue to prosecute sais action(s).

3. I finally declare that I have read and understood this document of Release, Waiver and Quitclaim which is hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto affixed my signature on this _____, at _____."

_____

Signature of Policy Owner

Signed in the presence of:

_____

ACKNOWLEDGMENT
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 Release Waiver and Quitclaim consisting of ____ pages, and they acknowledged to me that the same is their true and voluntary act and deed as well as the true and voluntary act and deed of the entities they represent.

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

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.