

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.

Type of Request												
O Policy Cancellation (Va	riable Life) Poli	icy Surrender (Traditional	Life)									
Policy Details												
Full Name of Insured (Las	t Name, First Name, Mic	ddle Initial)										
Phone No.	Cellphone No.	Email	Email									

					Ì			-,																					
Phone No.							С	Cellphone No.									Email												
Full Na	me	of	Poli	icy (Owr	ier (Las	t N	ame	e, F	irst	Naı	me,	Mi	ddle	- Ini	tial)											
Phone	No.						С	ellp	hor	ne M	lo.						Em	ail											
Full Na	me	of	Ass	ign	ee											_													
Phone	No.						C	ellp	hor	ne N	lo.						Em	ail											
							7 [

The Statement

KNOW ALL MEN BY THESE PR	ESEN	ITS:									
l,	,	of	legal	age,	Filipino,	married	l/single	and	presently	residing	a
								Q in c	onsideratio	n of the su	m o
Pesos/US Dollar:						(PhP	US\$	S), rec	eip
of which in full is hereby ackr	owle	dge	d from /	AXA Ph	ilippines (tl	ne "Comp	oany") wi	ith prin	cipal place	of busines	s a
Philippine AXA Life Centre, Sei	n Gil I	Puya	at Avenu	ıe, Mak	ati City, rep	presentin	g full pay	ment o	of the Accou	ınt Value/C	ash
Value/ Maturity Benefit of Po	olicy I	No./	s						as well	as any and	d al
claims which I may have agair	st AX	(A Pł	nilippine	es arisi	ng from the	said poli	icy, here	by decla	are and acc	ept that I h	nave
no more right or interest of an	y kind	d wh	atsoeve	er from	the Compa	ny arisin	g from th	ne said	policy and I	state that	i:

- 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;
- 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).

Dept./Office: _____

FOR DISTRIBUTOR'S USE ONLY
FE/Advisor's code:

FOR OFFICE USE ONLY

Date Received: _

Time Received: __

Receiving

FE/Advisor's name:

FE/Advisor's mobile number:

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.

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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	

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