



Enrollment Card for Group Insurance

MEMBER INFORMATION

| | | | | | |
|---|----------------------|----------------------------|---|------------------------|----------------------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| SEX | CIVIL STATUS | DATE OF BIRTH (mm/dd/yyyy) | AGE | PLACE OF BIRTH | NATIONALITY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RESIDENCE ADDRESS (Please include No., Street, City, Province, Zip Code) | | | | | |
| <input type="text"/> | | | | | |
| Email Address | | Contact No. | | Mobile No. | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Employer/Union/Association | | Occupation | | Tax Identification No. | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Name of Spouse | | Mother's Maiden Name | | | |
| <input type="text"/> | | <input type="text"/> | | | |
| Monthly Income (Php) | | | Insured Type: | | |
| <input type="radio"/> below 25,000 <input type="radio"/> 25,000 - less than 50,000 <input type="radio"/> 50,000 and above | | | <input type="radio"/> Insured <input type="radio"/> Dependent | | |

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

| | | | | | |
|----------------------------|--|----------------------|--|----------------------|--|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Relationship to the member | | Contact No. | | Email Address | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |

BENEFICIARY/IES

| LAST NAME | FIRST NAME | M.I. | DATE OF BIRTH | RELATIONSHIP | BENEFIT % | TYPE OF BENEFICIARY | | ACCORDING TO RIGHTS | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | | | PRIMARY | SECONDARY | REVOCABLE | IRREVOCABLE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I HEREBY DECLARE AND AGREE THAT:

- All information in the enrollment whether or not written by my hand are to the best of my knowledge and belief complete and true;
- Any of my personal information collected or held by AXA Philippines (whether contained in the application/s or otherwise), may be used in connection with matching for whatever purpose with such other personal information and/or may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary including without limitation any of its affiliated companies, or any individuals/organizations associated with AXA Philippines:
 - to process and deal with the enrollment
 - to provide all services related to the enrollment and promote and improve services by the Company and its affiliated companies
 - to communicate with me for any purpose and/or comply with the laws of any applicable jurisdiction
- If I fail to provide any information requested in the enrollment, it may result in AXA Philippines' inability to process and to deal with the enrollment;
- I have the right to request access to and correct any of my personal information held by AXA Philippines. I understand that such request shall be made in writing and addressed to the head of the Account Services at AXA Philippines' Home Office.
- I understand that AXA Philippines shall use my personal information to evaluate and assess my application and need for life insurance and investments, as well as to service any of my policies including the evaluation of any future claims. I also authorize AXA Philippines to disclose to affiliated entity(ies) or to persons or entities providing services on AXA Philippines' behalf consistent with the purpose for which the information was obtained.
- I understand that company notices related to my policy may be sent to me through email or SMS in the address/number I provided above, otherwise, sent to my residential address.

Signature over Printed Name

Date Signed