

Contingent Owner Application Form (Vesting Age)

Relationship to Insured

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Spouse of Legal Guardian		

Consent Clause

I agree to be nominated and act as the Contingent Owner for this Policy in accordance with the terms and conditions stated in this form and the Policy.

CONTINGENT OWNER

Name	Signature	IC Number / Passport Number	Date

WITNESS

Name	Signature	IC Number / Passport Number	Date

Authorization For Disclosure Of Customer Information

a) I/We hereby authorize AXA AFFIN Life Insurance to share my/our information with other entities within the financial group, bank partners as well as other strategic alliances (including telcos) purely for marketing, cross-selling and other promotional activities. (Please tick the box if you agree)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Is the Insured/Owner a U.S. citizen or U.S. tax resident? If yes, please complete the attached Declaration by U.S. persons under the Foreign Account Tax Compliance Act (FATCA).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declarations and Agreement

I HEREBY DECLARE AND AGREE that :

- (1) all information and statement(s) provided in this form are complete and true;
- (2) should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my / our part in disclosing the information, the Company shall have the right to cancel the Policy or repudiate the claim and forfeit and payments received;
- (3) the Company is not bound by any statement which I may have made to any person if not written or printed here.
- (4) I take notice that my personal data as disclosed in this form will be processed by the Company for the purpose of rendering services to me as an insurance company;

POLICY OWNER

Name	Signature	IC Number / Passport Number	Date

WITNESS

Name	Signature	IC Number / Passport Number	Date

Track status of your request

You will be updated through SMS of additional requirements



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.