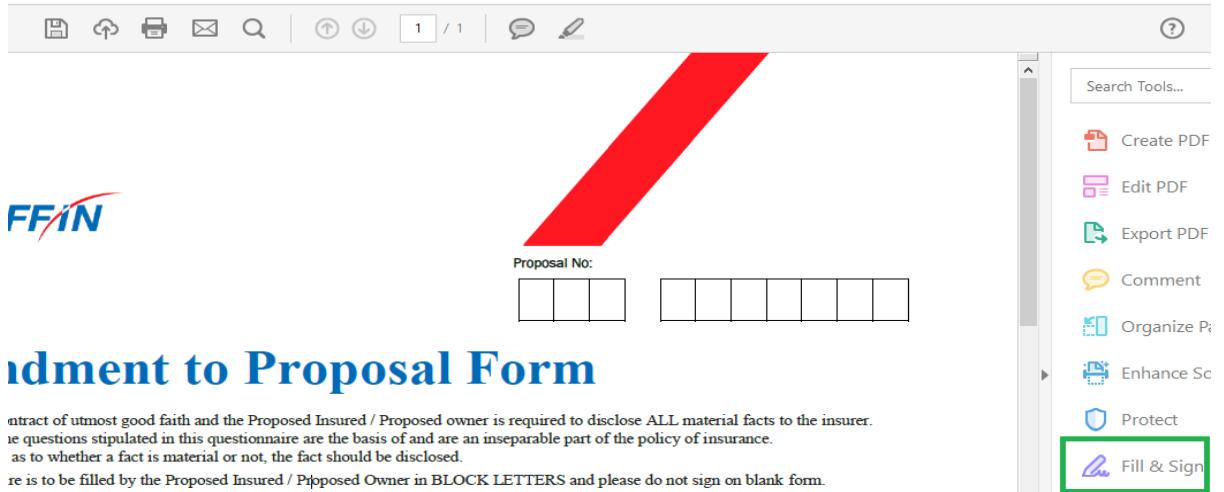


# Fillable Forms FAQ

## How to Fill the Fillable PDF Forms?

Please follow the following steps.

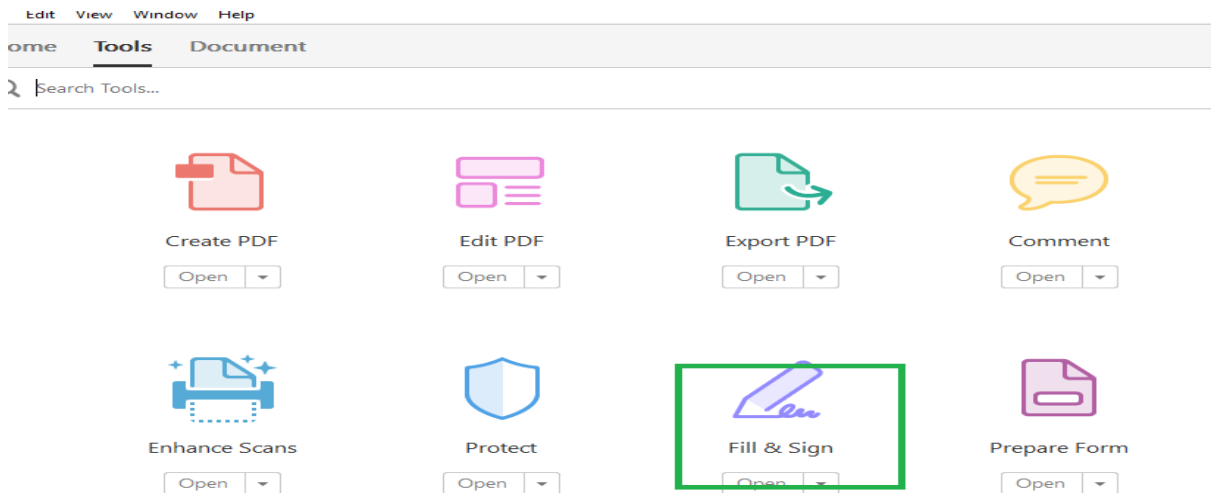
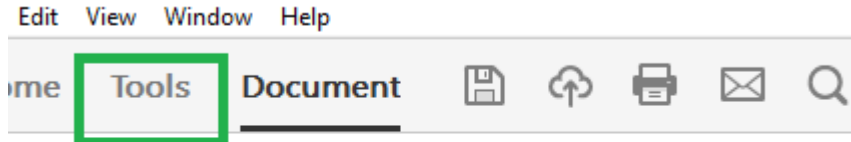
1. Save the PDF in your local Drive.
2. Open the PDF and Click on “Fill & Sign” symbol in the menu Items.



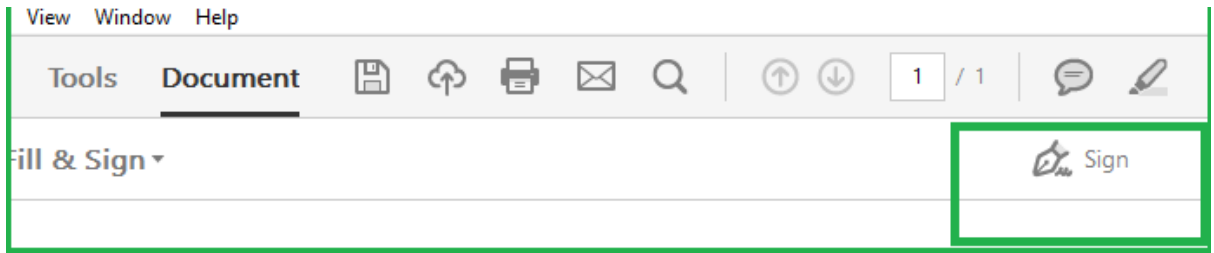
### Admendment to Proposal Form

Contract of utmost good faith and the Proposed Insured / Proposed owner is required to disclose ALL material facts to the insurer. The questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. As to whether a fact is material or not, the fact should be disclosed. This form is to be filled by the Proposed Insured / Proposed Owner in BLOCK LETTERS and please do not sign on blank form.

**IF you have not find Fill & Sign symbol in the Menu Items. Then click on Tools and Click on “Fill & Sign” Button.**



Once click on the “Fill & Sign” button, you can see the Sign symbol on the top of the PDF.



3. You can start filling the form in the desired fields.

### Personal details of Proposed Insured / Owner

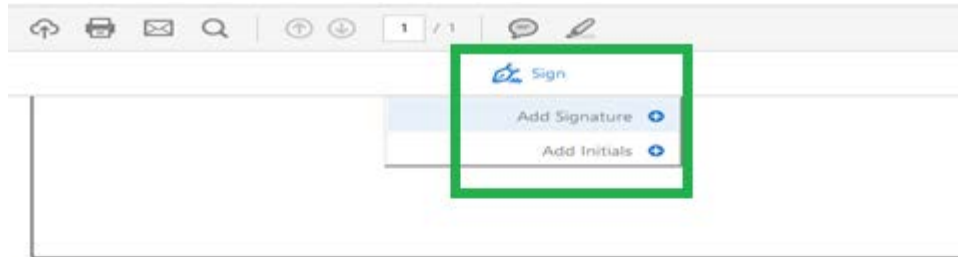
Name of Proposed Insured:	<input type="text" value="NAME of Proposed"/>
Identity No.:	<input type="text" value="1234"/>
Name of Proposed Owner:	<input type="text" value="NAME of Owner"/>
Identity No.:	<input type="text" value="1234"/>

4. IF you want to highlight anything, use **Highlight Icon** on the menu.



5. **Signature Filed:** Here is the process to do the Signature in PDF.

Click on the Sign Icon -> click on Add Signature.



**Declaration and authorization**

I/We, confirm that there has been no change in my/our condition of health and I/we have not received any medical attention or examination whatsoever except as disclosed above, since the date of my/our application and that all my/our answers stated in the said application are still true and correct.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

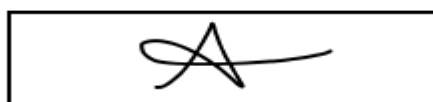
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Signature of Proposed Insured	Signature of Proposed Owner (if different from Proposed Insured)

AXA AFFIN Life Insurance Berhad 200601003992 (723739-W)  
8th Floor, Chulan Tower, No.3 Jalan Conlay, 50450 Kuala Lumpur Telephone: 03-2117 6688 Fax: 03-2117 3698  
Customer Service: 1300 88 1616 Medical Card: 1300 80 0200 [customer.care@axa-life.com.my](mailto:customer.care@axa-life.com.my) [www.axa.com.my](http://www.axa.com.my)

i) **Option 1: Select the “Draw” Icon and draw the Signature.**



Click on “Apply” button will make you to place the signature to the desired Location.



Signature of Proposed Insured

ii) **Option 2: Select the “Image” Icon and embed the image of your Signature in the form. ( If you have your scanned Signature Image)**

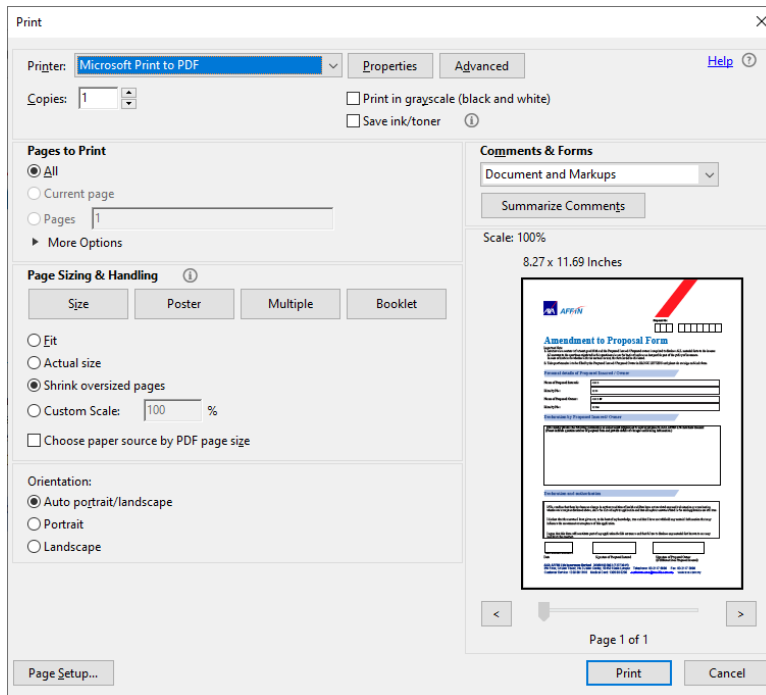
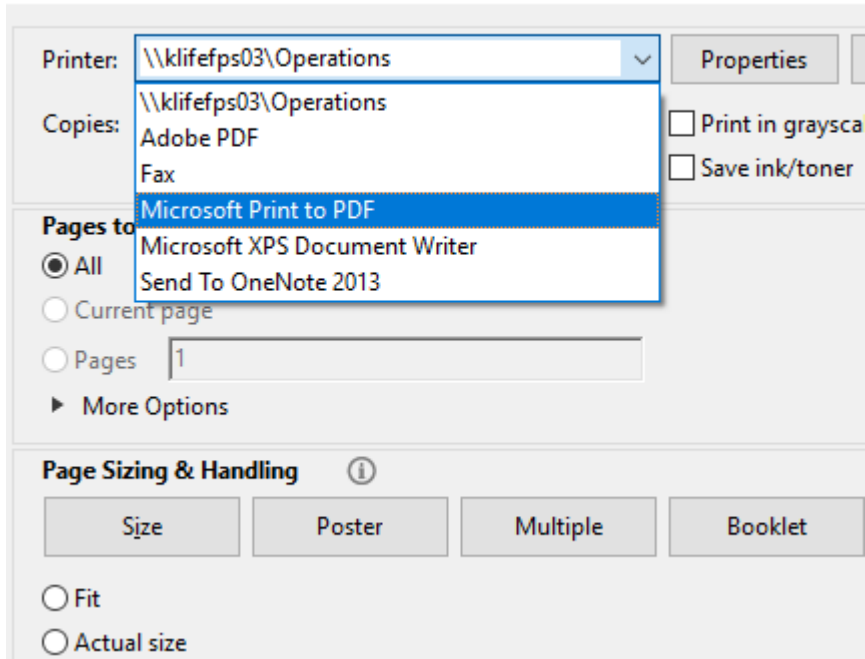
**\*\* Your Signature must be the same with the record in our database for the Policy.**

## How to Save the Fillable PDF Form to Non Editable?

To save the PDF as non editable, please follow the below steps.

### 1. File -> Print & Select as “Print to PDF”.

Print



### 2. Click on “Print” and save the file in your local Drive. Now the PDF is Non Editable.

## **How to Send the PDF Form to AXA AFFIN LIFE INSURANCE?**

**Send Email to our Customer Care team with the attachment of “Non Editable PDF” form.**

Customer Care	<a href="mailto:customer.care@axa-life.com.my">customer.care@axa-life.com.my</a>
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### **Note:**

For any difficulties, please contact our Customer Care line at 1300 88 1616 between 8:30am to 5:30pm on Monday to Thursday and 8:30am to 5:00pm on Friday for further assistance.

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