



# **Absolute Assignment Form**

### **Instruction:**

Please complete each section of the Absolute Assignment Form and refer to the important notes below for additional documents required. Otherwise, your request will not be processed until we receive all the documents.

- 1. This form is to be filled by the Policyholder / Assignee in BLOCK LETTERS
- 2. Clear image of NRIC (front and back) of Policyholder and Assignee or person signing on behalf of the entity.
- 3. Photocopy of Accounting and Corporate Regulatory Authority (ACRA) business profile showing details of the entity and the key personnel of the entity for Assignment Person to Entity.
- Please complete Tax Residency Self-Certification Form.
   If you are a United States (U.S) citizen or U.S resident for tax purposes, kindly complete and submit Form W-9.

3. If you are a officed states (0.3) chizeff of 0.3 resident for tax purposes, kindly complete and submit Form w-9.							
1. POLICY INFORMATION							
Policy Number							
Full name of Policyholder NRIC No.							
E Harmon (17) Annual ADICAN							
Full name of Life Assured NRIC No.							
2. ABSOLUTE ASSIGNMENT							
This DEED OF ASSIGNMENT is made on / / / (DD/MM/YYYY)							
Between (hereinafter called the "ASSIGNOR"),							
(NRIC No. / Company Registration Number)							
residing at							
of the one part and (hereinafter called the "ASSIGNEE"),							
(NRIC No. / Company Registration Number)							
residing at							
of the other part.  The ASSIGNOR hereby assigns unto the ASSIGNEE all that Policy of life assurance no (Policy Number)							
on the life of (Name of Life Assured)							
effected with AXA INSURANCE PTE LTD on (Policy Commencement Date)							
/ / / / (DD/MM/YYYY) for a sum assured of SINGAPORE DOLLARS (SGD)							
(Basic Sum Assured)							
and all moneys receivable or to become receivable thereunder and all benefits secured thereby TO HOLD the same unto the							

ASSIGNEE absolutely.

INWITNESS WHEREOF the ASSIGNOR and the ASSIGNEE have set their respective hands and seals the day and years above written.

Note:-

Assignor, refers to Policyholder.

policyholder.

Assignee, refers to new

# 3. SUPPLEMENTARY INFORMATION

I, the Policyholder of the above numbered policy, hereby re	quest for the said	polic	y to be a	assigned	to the		
ASSIGNEE named below, as per the Deed of Assignment dat	ted	/		/			
		(DI	D/MM/	YYYY)			
Name of Assignee							
NRIC No. or Company Registration Number							
Relationship of Assignee to Policyholder							
I certify that the purpose of the assignment is (pl	ease tick one):						
a gift to the Assignee  for a loan as stated in the Deed	d of Assignment						
other, please specify:							
Name of Bolicyholder / Assigner / NBIC No	Signaturo					Dato	
Name of Policyholder / Assignor / NRIC No.	Signature					Date	
Name of Assignee / NRIC No. / Company stamp	Signature					Date	
value of Assignee / Nine No. / Company stamp	Signature				7	Date	
Name of Witness / NRIC No.	Signature					Date	
talle of Waless, Time No.	Signature						
This form is furnished by AXA Insurance Pte Ltd for the	ne convenicence c	f the	nolicybo	lder on	ly and <i>I</i>	AXA assumes no respons	ihility
for the validity or legality of the form.			Policyile	.acr on	., unu r	a assumes no respons	y
2. An endorsement will be issued upon the approval of							

## 4. PERSONAL DATA

I/We confirm that the information provided is my/our personal data and, where it is not my/our personal data, that I/We have the consent of the owner of such personal data to provide such information.

By providing this information, I/we understand and give my/our consent for AXA Insurance Pte Ltd (AXA) and their respective representatives or agents to:

- a. Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me/us with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my/our relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <a href="http://www.axa.com.sg">http://www.axa.com.sg</a> ("Purposes").
- b. Collect, use, store, transfer and/ or disclose personal data about me/us and those whose personal data I have provided from sources other than myself for the Purposes.

c.	Contact me/us to share with me/us information about products and services from AXA that may be of interest to
	me/us by post and e-mail and
	☐ By telephone ☐ By fax ☐ By text message (Please tick accordingly and you may tick more than one option)

Name of Policyholder / Assignor / NRIC No.	Signature	Date
Name of Assignee / NRIC No. / Company stamp	Signature	Date
Name of Assignee / NRIC No. / Company stamp	Signature	Date
Name of Witness / NRIC No.	Signature	Date