



112017

Absolute Assignment Form

FOR OFFICE USE ONLY

Received Date:

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.

Important notes:

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.
4. Please complete Tax Residency Self-Certification Form.
5. If you are a United States (U.S) citizen or U.S resident for tax purposes, kindly complete and submit Form W-9.

1. POLICY INFORMATION

Policy Number

____ - ____

Full name of Policyholder

NRIC No.

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.
- Assignee, refers to new policyholder.

3. SUPPLEMENTARY INFORMATION

I, the Policyholder of the above numbered policy, hereby request for the said policy to be assigned to the

ASSIGNEE named below, as per the Deed of Assignment dated

		/			/				
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(DD / MM / YYYY)

Name of Assignee

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NRIC No. or

Company Registration Number

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Relationship of Assignee to Policyholder

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I certify that the purpose of the assignment is (please tick one):

a gift to the Assignee

for a loan as stated in the Deed of Assignment

other, please specify:

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Name of Policyholder / Assignor / NRIC No.

Signature

Date

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Name of Assignee / NRIC No. / Company stamp

Signature

Date

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Name of Witness / NRIC No.

Signature

Date

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1. This form is furnished by AXA Insurance Pte Ltd for the convenience of the policyholder only and AXA assumes no responsibility for the validity or legality of the form.
2. An endorsement will be issued upon the approval of the request.
3. Effective date of assignment will be the date of the endorsement.

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 <http://www.axa.com.sg> ("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 Witness / NRIC No.	Signature	Date