III Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc. Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229 Philippines Customer Care: (02) 884-7000 Domestic Toll-Free: 1-800-1-888-6268 Website: www.manulife.com.ph Email:phcustomercare@manulife.com

Certification of Beneficial Owners

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. Please provide at least two valid IDs.

General Information						
Policy No.	Name of Policyowner (Last, First, Middle)					
Email Address	mail Address		Mobile Number (Country code, Area code, Phone number)			
Individual applicant owner and the	authorized cic	natory/ice purchasing	a policy on bobolf of a logal on	titu must pr	wide the following infor	mation
Individual applicant-owner and the	e autriorized sig	natory/les purchasing	a policy on benall of a legal en	tity must pro	Svide the following infor	mation.
Beneficial Owner Inform						
Beneficial Owner 1:	_% of Owne	rship				
Name (Last, First, Middle)				Date	Date of Birth (mm/dd/yyyy) Sex Beau Male	
Present Address						
Floor/No., Bldg/Street, Subd./Villag	ge,	Brgy/District, Town/	/City	Province/S	State Country	Zip Code
City of Birth	Country of E	Birth	Citizenship/s (indicate all)		Nationality (if other t	han Citizenship)
Valid ID Type	ID Number		TIN	Occupation / Nature of Work		re of Work
Source/s of Funds	ary 🗌 Bu	usiness 🗌 Sav	ings 🗌 Remittances	🗆 Othe	ers:	
Beneficial Owner 2:	_% of Owne	ership				
Name (Last, First, Middle)				Date	e of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female
Present Address						
Floor/No., Bldg/Street, Subd./Villag	ge,	Brgy/District, Town/	/City	Province/S	State Country	Zip Code
City of Birth	Country of E	Birth	Citizenship/s (indicate all)		Nationality (if other t	han Citizenship)
Valid ID Type	ID Number		TIN		Occupation / Natur	re of Work
Source/s of Funds	ary 🗆 Bu	usiness 🗌 Sav	ings 🗌 Remittances	🗆 Othe	ers:	
Beneficial Owner 3:% of Ownership						
				Sex Male Female		
Present Address						
Floor/No., Bldg/Street, Subd./Villag	ge,	Brgy/District, Town/	/City	Province/S	State Country	Zip Code
City of Birth	Country of E	Birth	Citizenship/s (indicate all)		Nationality (if other t	han Citizenship)
Valid ID Type	ID Number		TIN		Occupation / Natur	re of Work
Source/s of Funds 🛛 Sala	ary 🗌 Bu	usiness 🗌 Savi	ings 🗌 Remittances	□ Othe	ers:	

Beneficial Owner 4: _____% of Ownership

Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Sex Male Female
----------------------------	----------------------------	-----------------------

Present Address

Floor/No., Bldg/Street, Su	bd./Village,	Brgy/District, Town/City		Province/Sta	ate Country	Zip Code
City of Birth	Country of Birth	n Citiz	enship/s (indicate all)		Nationality (if other t	han Citizenship)
Valid ID Type	ID Number	TIN			Occupation / Natur	re of Work
Source/s of Funds	□ Salary □ Busir	ess 🗌 Savings	□ Remittances	□ Others	S:	
Beneficial Owner 5	: % of Owners	hip				
Name (Last, First, Middl	le)			Date of	of Birth (mm/dd/yyyy)	Sex Male Femal
Present Address						
Floor/No., Bldg/Street, Su	bd./Village,	Brgy/District, Town/City		Province/Sta	ate Country	Zip Code
City of Birth	Country of Birth	n Citiz	enship/s (indicate all)		Nationality (if other t	han Citizenship)
Valid ID Type	ID Number	TIN			Occupation / Natur	re of Work
Source/s of Funds	□ Salary □ Busir	ess 🗌 Savings	Remittances	□ Others	s:	
Declarations and S	Signatures					
nformation provided above personal knowledge and off	ions, statements and answe is true, correct and complet icial records. If signing for the he capacity to sign for such	e based on my ne legal entity identified	 underwriting and ap administering, servir marketing (including 	ng and reinsur marketing of	ing my policy; products and service	
understand that this will t nsurance with Manulife Ph	form part of the Owner's ap nilippines.	plication form and/or		, getting feedb	Group and those of ou back on our products a	

The Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of the company's products and services. I agree that the information I provided and any subsequent changes to it (including the information of third parties) can be processed, shared, disclosed, transferred or used by the company, including its shareholders, directors and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at

https://www.manulife.com.ph/Customer-Privacy-Policy for purposes of:

- measuring client satisfaction;
- conducting data analytics and doing automated data processing;
- preventing money laundering or terrorist financing activities;
- complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
- the Company's internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and
- for other reasonable purposes related to the services provided.

Date and Place signed					
Policyowner		Authorized Signatory (for Institutions)			
Authorized Signatory (for Inst	titutions)	Financial Advisor (as Witness) Signature over Printed Name / FA Code			
For Manulife Use Only					
Valid IDs: Type:	ID#:	Documents Presented:			
Documents received and vali	dated by: Name of CSO	Branch	Date (mm/dd/yyyy)		
Form No. MP LC COBO (v.03/20	019)		2 of 2		