

Certification of Beneficial Owners

A. ACCOUNT INFORMATION

Name of Life Insured:	<input type="text"/>	Policy No.:	<input type="text"/>
Name of Policy Owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Legal Entity for which the account is being opened, if applicable: <input type="text"/>			

B. BENEFICIAL OWNER INFORMATION

Individual applicant-owner and the authorized signatory/ies purchasing a policy/ies on behalf of a legal entity must provide the following information:

BENEFICIAL OWNER 1: _____ % OF OWNERSHIP

Name (First Name, Middle Name, Last Name):		Date of Birth (MM/DD/YYYY) <input type="text"/>	City/Municipality of Birth	
Present Address Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code			Country of Birth	Citizenship/Nationality
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Tax Identification No.	Nature of Work		Source of Funds	
Acceptable ID No.	Acceptable ID Description	Country of Issuance	Expiration Date (MM/DD/YYYY) <input type="text"/>	

BENEFICIAL OWNER 2: _____ % OF OWNERSHIP

Name (First Name, Middle Name, Last Name):		Date of Birth (MM/DD/YYYY) <input type="text"/>	City/Municipality of Birth	
Present Address Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code			Country of Birth	Citizenship/Nationality
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Tax Identification No.	Nature of Work		Source of Funds	
Acceptable ID No.	Acceptable ID Description	Country of Issuance	Expiration Date (MM/DD/YYYY) <input type="text"/>	

BENEFICIAL OWNER 3: _____ % OF OWNERSHIP

Name (First Name, Middle Name, Last Name):		Date of Birth (MM/DD/YYYY) <input type="text"/>	City/Municipality of Birth	
Present Address Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code			Country of Birth	Citizenship/Nationality
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Tax Identification No.	Nature of Work		Source of Funds	
Acceptable ID No.	Acceptable ID Description	Country of Issuance	Expiration Date (MM/DD/YYYY) <input type="text"/>	

BENEFICIAL OWNER 4: _____ % OF OWNERSHIP

Name (First Name, Middle Name, Last Name):		Date of Birth (MM/DD/YYYY) □□/□□/□□□□	City/Municipality of Birth	
Present Address Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code		Country of Birth	Citizenship/Nationality	
		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Tax Identification No.	Nature of Work		Source of Funds	
Acceptable ID No.	Acceptable ID Description	Country of Issuance	Expiration Date (MM/DD/YYYY) □□/□□/□□□□	

C. INFORMATION ABOUT THE FORM

The 2016 Revised Implementing Rules and Regulations of the Anti-Money Laundering Act of 2001, as amended, requires Covered Persons to obtain certain information from the individual applicant-owner and the authorized signatory/ies availing the products and services on behalf of a legal entity (i.e. corporation, partnership, sole proprietorship, foundations, trust, cooperatives and other similar business entity formed in the Philippines or in a foreign country), verify and record information about the beneficial owners of the individual applicant-owner and the legal entity applicant-owner customers, if applicable. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, corruption, fraud and other financial crimes. Requiring the disclosure of natural persons who ultimately own or control the customer (i.e. the beneficial owner/s) helps law enforcement investigate and prosecute these crimes.

This form requires the individual applicant-owner and the authorized signatory/ies of the legal entity applicant-owner availing life insurance products and services on behalf of a legal entity to provide the name, address, date of birth and passport number or other unexpired, photo-bearing, government-issued ID with specimen signature for each individual, if any, who ultimately owns or controls the applicant-customer and/or, directly or indirectly, owns or controls 25% or more of the shares of a legal entity.

D. DECLARATION AND AGREEMENT

I have read the above questions, statements and answers and I certify that the information provided above is true, correct and complete based on my personal knowledge and official records. If signing for the legal entity identified above, I certify that I have the capacity to sign for such legal entity. I understand that this will form part of the Owner's application form and/or insurance with Manulife Philippines.

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

- underwriting and approving my application;
- administering, serving and reinsuring my policy;
- marketing (including marketing of products and services offered by any member of the Manulife Financial Group and those of our business partners), promoting, getting feedback on our products and services, and 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.

Policyowner/Authorized Signatory's Signature over Printed Name

□□/□□/□□□□

Date Signed (MM/DD/YYYY)

Place Signed

Authorized Signatory's Signature over Printed Name

□□/□□/□□□□

Date Signed (MM/DD/YYYY)

Place Signed

Authorized Signatory's Signature over Printed Name

□□/□□/□□□□

Date Signed (MM/DD/YYYY)

Place Signed