

# Certification of Beneficial Owners

## A. ACCOUNT INFORMATION

**Name of Life Insured:**  **Policy No.:**

**Name of Policy Owner:**

**Name of Legal Entity** for which the account is being opened, if applicable:

## 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) / / **Place of Birth** (Municipality/City/State, Country)

**Present Address** Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code

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"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### BENEFICIAL OWNER 2: \_\_\_\_\_ % OF OWNERSHIP

**Name** (First Name, Middle Name, Last Name):  **Date of Birth** (MM/DD/YYYY) / / **Place of Birth** (Municipality/City/State, Country)

**Present Address** Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code

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"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### BENEFICIAL OWNER 3: \_\_\_\_\_ % OF OWNERSHIP

**Name** (First Name, Middle Name, Last Name):  **Date of Birth** (MM/DD/YYYY) / / **Place of Birth** (Municipality/City/State, Country)

**Present Address** Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code

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"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**BENEFICIAL OWNER 4: \_\_\_\_\_ % OF OWNERSHIP**

Name (First Name, Middle Name, Last Name):	Date of Birth (MM/DD/YYYY) □□/□□/□□□□	Place of Birth (Municipality/City/State, Country)
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Present Address Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code

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 trust and/or investment 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**

Under penalties of perjury, I/we, \_\_\_\_\_,  
(First Name, Middle Name, Last Name)

hereby certify, to the best of my/our personal knowledge and based on official records, that all information provided above are true, correct and complete. If signing for a legal entity, I/we certify that I/we have the capacity to sign for the legal entity identified on part A of this form. I/we agree that I/we will submit a new form within 30 days if any certification on this form becomes incorrect.

\_\_\_\_\_  
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