Allianz PNB LIFE INSURANCE

7th floor, One Ayala South Tower, #1 Ayala Avenue cor. EDSA, Ayala Center,
1226 Makati City, Philippines | Tel. No. (632) 8818-4357 (HELP)
TIN No. 204-145-589-000

CUSTOMER INFORMATION UPDATE FORM (INDIVIDUAL)

IMPORTANT REMINDERS:

- To complete the Customer Information Update, email your completed form to customercare@allianzpnblife.ph together with the following documents as email attachments:
  - A valid government-issued ID (i.e. National ID, Philippine Passport, Driver's License)
  - Supporting document for source/s of funds and wealth (i.e. bank certificate, payslip, Certificate of Employment with compensation, Income Tax Return)
  - Supporting document for legal or court case (i.e. court decision, resolution, affidavit), if applicable
- Please write legibly using CAPITAL LETTERS and **black ink**. Tick the appropriate box to indicate your choice.
- Please countersign on any corrections or erasures.
- Information in this form will automatically apply to all existing policies on record.

Your General Information

Whose information are you updating?

Policy Roles:

☐ Policy Owner ☐ Policy Insured ☐ Beneficiary ☐ Beneficial Owner

If you wish to update information for another Policy Role, kindly fill out another form.

Policy Number

This can be found on your e-Policy contract, billing notice, or Allianz Touch dashboard. If you have multiple policies, choose only one (1).

First Name

Middle Name

Last Name

Date of Birth

MM DD YYYY

Place of Birth

Nationality

Gender

☐ Male ☐ Female

Civil Status

☐ Single ☐ Married ☐ Separated ☐ Annulled ☐ Divorced ☐ Widowed

Purpose of Insurance

☐ Income Continuation ☐ Estate Creation ☐ Mortgage ☐ Keyman Insurance ☐ Others

Source of Funds

What is the source of the funds you used for premium payments? ***(Soft copy of supporting document/s required.)***

☐ Salary/Wages ☐ Business ☐ Gifts/Inheritance ☐ Legal Claims ☐ Investment Income ☐ Others

Source of Wealth/Income

What is the main source of the wealth/assets you have accumulated over time? ***(Soft copy of supporting document/s required.)***

☐ Salary/Wages ☐ Business ☐ Gifts/Inheritance ☐ Legal Claims ☐ Investment Income ☐ Others

Your Contact Information

Home Address

House/Unit No.

Street/Building/Subdivision

City/Municipality

Barangay

Province

Country

Mobile Number

Email Address

The contact information provided above will be used by Allianz PNB Life to communicate with you regarding your policy, including important notices, updates, service requests, and other policy-related communications.

Your Work Information

Occupation

Employer/Name of Business

Nature of Business

Work Address

Unit No.

Street/Building

City/Municipality

Barangay

Province

Country

Your Identification Details *(Soft copy of ID required.)*

Valid ID Type (examples: passport, driver's license, etc.)

Valid ID Number

Issuing Authority (examples: DFA, PRC, LTO, PSA, etc.)

Expiration Date

ID used must be valid within the next six (6) months.

Customer Due Diligence

In addition, as part of the Company's ongoing Customer Due Diligence (CDD) procedures, please answer this question related to pending litigation, if any:

Are you currently or have you previously been involved as a defendant/respondent in any case before a court/government agency?

☐ Yes *(Soft copy of document/s required.)*

Please provide details for the status of the case and submit relevant supporting documents (e.g. court decision, resolution, affidavit).

Status

☐ No

Declaration

I hereby agree that any updates made to my Personal Data shall be applied across all my existing policies as Policy Owner with Allianz PNB Life Insurance, Inc. ("Allianz PNB Life") to ensure consistency and accuracy of records. I further understand that the updated address, email address, and mobile number will be used for all future communications and correspondences across all my policies, including policy-related notices and official communications.

I hereby confirm that I have read and understood the declarations below, and that the information I provided in the preceding sections is true, accurate, and complete. I understand that providing false, misleading, or incomplete information may result in the rejection, cancellation, or termination of my policy or business relationship with Allianz PNB Life, in accordance with applicable Anti-Money Laundering laws and regulations.

I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, retrieve, consult, use, consolidate, share, transfer, disclose, and/or destroy (collectively, "Process"), whether manually or via electronic means, any and all information, including personal information and sensitive personal information (collectively, "Personal Data"), about me as the Policy Owner, strictly for the following purposes and in accordance with applicable laws and regulations:

1. Customer Due Diligence (CDD) – To evaluate, update, and maintain my records for Customer Due Diligence, including identity verification and beneficial ownership identification, as required under Republic Act No. 9160 (Anti-Money Laundering Act of 2001, as amended), its Revised Implementing Rules and Regulations, and related Insurance Commission circulars and advisories;
2. Ongoing Monitoring – To conduct ongoing monitoring of my business relationship and transactions, including screening against sanctions lists, terrorist suspect lists, and Politically Exposed Person (PEP) databases;
3. Regulatory Compliance – To comply with legal or regulatory obligations of Allianz PNB Life under applicable local or foreign laws, rules, and regulations, including but not limited to:
   - Anti-Money Laundering and Counter-Terrorism Financing requirements;
   - Tax monitoring, review, and reporting obligations (including FATCA and CRS, where applicable);
   - Suspicious Transaction Reporting and Covered Transaction Reporting to the Anti-Money Laundering Council (AMLC);
   - Requirements of the Insurance Commission, the National Privacy Commission, and other regulatory authorities; and
4. Record-Keeping – To maintain and administer records and documents for a minimum period of five (5) years from the termination of the business relationship or the completion of the transaction, or such longer period as may be required by applicable law.

I understand that the processing of my Personal Data under this authorization is necessary for Allianz PNB Life's compliance with legal obligations and is not solely based on my consent. I acknowledge that I may not withdraw this authorization to the extent that processing is required by law.

Disclosure and Data Sharing. Allianz PNB Life may disclose my Personal Data to its affiliates, subsidiaries, reinsurers, service providers, and other authorized third parties, strictly as necessary for the purposes stated above and subject to appropriate safeguards to ensure the confidentiality and security of my Personal Data, (Republic Act No. 10173) and its Implementing Rules and Regulations. Where Personal Data is transferred outside the Philippines, Allianz PNB Life shall ensure that the recipient provides a standard of protection comparable to or adequate with the Data Privacy Act of 2012, or that such transfer is otherwise permitted under applicable law.

Data Retention. Allianz PNB Life shall retain my Personal Data within the retention period set by Allianz PNB Life's internal standards, applicable laws, and data retention policies, but in no case less than five (5) years from the end of the business relationship or the date of the occasional transaction, as required under the Anti-Money Laundering Act and its implementing rules.

Rights of the Data Subject. I understand that, subject to applicable law and regulatory requirements, I have the right to be informed, to access, to object, to erasure or blocking, to rectification, to data portability, and to file a complaint before the National Privacy Commission, as provided under the Data Privacy Act of 2012. I understand that certain rights may be limited where processing is required for compliance with AML/CTF obligations.

I understand and agree with the declarations and authorizations above and Allianz PNB Life Insurance, Inc.'s privacy policy, accessible at I hereby agree that any updates made to my Personal Data shall be applied across all my existing policies as Policy Owner with Allianz PNB Life Insurance, Inc. to ensure consistency and accuracy of records. I further understand that the updated address, email address, and mobile number will be used for all future communications and correspondences across all my policies, including policy-related notices and official communications.

I hereby confirm that I have read and understood the declarations below, and that any information I will provide in the succeeding sections shall be true, accurate, and complete and that I will fully disclose all relevant information required.

I hereby expressly authorize Allianz PNB Life Insurance, Inc., to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose, and/or destroy ("Process"), whether manually or via electronic channels, any and all information, including personal and sensitive personal information (Personal Data), about me, as the Policy Owner for the following purposes and in accordance with applicable laws and regulations: evaluate, update, and maintain my records for Customer Due Diligence (CDD); and comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to Anti-Money Laundering, and tax monitoring/review/reporting, and other regulatory requirements

Allianz PNB Life Insurance, Inc. may disclose my Personal Data to its affiliates, service providers, and other third parties as necessary for the purposes stated above and subject to appropriate safeguards to ensure confidentiality and security of Personal Data. Allianz PNB Life Insurance, Inc. shall retain my Personal Data within the retention period set by Allianz PNB Life Insurance, Inc.'s standards, laws, and data retention policies. I understand and agree with the declarations and authorizations above and Allianz PNB Life Insurance, Inc.'s privacy policy at https://www.allianzpnblife.ph/privacy-notice.html. I further authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose my Personal Data to any of its subsidiaries, affiliates, and authorized third parties, strictly as necessary for the purposes stated above and in accordance with applicable laws..

Policy Owner's Name and Signature