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-LIFE (5433)
TIN No. 204-145-589-000

Policy No. ☐☐☐ ☐☐☐ ☐☐☐

APPLICATION FOR REINSTATEMENT

Policyowner _____

Insured _____

Policyowner's Height: _____ft. _____in. Weight: _____lbs. Insured's Height: _____ft. _____in. Weight: _____lbs.

HEALTH STATEMENT

Only for policy/ies that has lapsed within 90 days from the lapsed date.	**Insured**		**Policyowner**	
1. Is there any change in your initially declared health statement?	◯ Yes	◯ No	◯ Yes	◯ No
If answer to above question is 'Yes' or the policy/ies that has lapsed for more than 90 days after the lapsed date.	**Insured**		**Payor**	
Since your last medical examination, non-medical declaration, health statement or other information made in connection with the above-numbered policy:	◯ Yes	◯ No	◯ Yes	◯ No
1. Have you had any illness, injury, operation, treatment or medicine taken or have you consulted or been examined or advised by any doctor?	◯ Yes	◯ No	◯ Yes	◯ No
2. Has there been any change in your height and weight?	◯ Yes	◯ No	◯ Yes	◯ No
3. Has there been any change in your health?	◯ Yes	◯ No	◯ Yes	◯ No
4. Have you made any application for insurance/reinstatement with another insurance company which was declined, postponed or modified?	◯ Yes	◯ No	◯ Yes	◯ No
5. Have you changed your occupation?	◯ Yes	◯ No	◯ Yes	◯ No
6. Have you undertaken any hazardous avocation (automobile racing, scuba diving, etc.)	◯ Yes	◯ No	◯ Yes	◯ No
7. Have you changed your place of residence or do you plan to work abroad soon? Where, when and in what capacity?	◯ Yes	◯ No	◯ Yes	◯ No
FOR WOMEN ONLY				
8. Are you pregnant? If so, how many months?	◯ Yes	◯ No	◯ Yes	◯ No

PLEASE GIVE DETAILS OF ANY "YES" ANSWER (indicate the question no.)

If the reinstatement application is not approved, we will refund any payment made for the reinstatement to your bank account details on record within 30 business days from time of reinstatement cancellation. However, if your bank account is no longer valid, please provide your new bank account details below.

BANK ACCOUNT DETAILS
(Must be under the name of the Policyowner and must attach ownership proof)

Bank Name _____
Bank Branch _____
Account No. _____
Account Name _____
Currency _____ Peso _____ Dollar

For Joint Accounts
Type of Joint Account _____ And _____ and/or
Co-Depositor Name _____

POLICY OWNER INFORMATION UPDATE
(Change of contact details and address will only apply to policy no. above)

Mobile No. _____
Other Contact No. _____
Email Address _____
Mailing Address _____
Street No., Name, Brgy. _____
City, Province _____
Zip Code _____

I/We hereby declare that each of the above representations is true and correct and that I/we have fully stated all exceptions to each of the statements.

I/We agree that the above-numbered policy shall not be reinstated by reason of any payment made by me/us unless this application is approved by the Company during my/our lifetime and good health and until all other requirements for the issuance, amendment or reinstatement of said policy are fully satisfied. If this application is disapproved, I/we also agree to accept the refund of all payments made in connection herewith, without interest, and to surrender the receipts for such payments.

I/We further agree that the reinstatement of the said policy, as granted by the Company upon this application, shall be contestable at any time within two years from the date of approval thereof, for fraud or misrepresentation of any material facts herein stated.

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 information (Personal Data), about me, the life to be insured, my designated beneficiaries, and if applicable, the beneficial owner/s of my Policy for the following to;

i.evaluate my application and/or facilitate issuance of my Policy; administer my account; process claims and other Policy benefits; improve the provision of products and services (including but not limited to offer of related products, customer satisfaction surveys, and statistical, actuarial and risk analyses as well as improvement in systems and business processes, etc.);

ii. comply with legal or regulatory obligations of Allianz PNBLife 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

iii. manage risks and pursue its legitimate interests, including verification and obtaining additional Personal Data from third party sources.

Allianz PNB Life Insurance, Inc. may disclose my Personal Data to its affiliates, service providers, and other third parties for processing consistent with the 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 I understand and agree with the declarations and authorizations above and Allianz PNB Life Insurance, Inc.'s privacy policy at https://www.allianz-pnblife.ph/privacy-notice.htmLAs such, I hold Allianz PNBLife Insurance, Inc. free and harmless from any liability that may arise from any collection, use, I shall inform Allianz PNB Life Insurance, Inc. of any changes relating to my Personal Data.

I further authorize Allianz PNBLife Insurance, Inc. to share, transfer and/or disclose my Personal Data to any of its subsidiaries, affiliates, and

I understand that my policy, including any endorsements, riders and other related documents (Policy), will be sent to me in electronic format. I also understand that Allianz PNBLife Insurance, Inc. shall communicate with me primarily via electronic channels, i.e. email, SMS, and mobile and web applications. This includes Premium Reminders, Renewal Notices, Reinstatement Notices, and other related documents. Accordingly, I understand that If I need a copy of my Policy, notices and other correspondence in paper form, I will contact Allianz PNB Life Insurance, Inc. by sending an e-mail to customercare@allianzpnblife.ph.

Signed at _____ this _____ day of _____ 20 _____.

_____ _____

Printed name and signature of Witness | Printed name and signature of Insured

_____ _____

Printed name and signature of Witness | Printed name and signature of Policyowner