

**ATTESTATION FORM FOR VIRTUAL SELLING
DISTRIBUTOR**

Name of Client (Applicant Owner and/or Proposed Insured): _____

Application No. (Application): _____

Name of Product (Plan): _____

Date of Sale: _____

During my discussion with the Applicant Owner and/or Proposed Insured, certify that:

1. I have personally presented and explained the product features and its benefits to the Applicant Owner and/or Proposed Insured through virtual selling;
2. I have explained to the Applicant Owner and/or Proposed Insured in detail the results of the IRPQ as well as the investment risk of his/her chosen fund, the Sales Illustration, and the Financial Needs Analysis (applicable only for UL products);
3. I have truly and accurately recorded all information provided by the Applicant Owner and/or Proposed Insured in the Application Form under the Applicant Owner and/or Proposed Insured's express consent and instruction; and
4. I have performed the Know-Your-Customer and Client Due Diligence procedures as required under the Anti-Money Laundering Act, as amended, and related laws and regulations and have verified the identity of the Applicant Owner and/or Proposed Insured based on the identification documents presented.

Signature over Printed Name of Distributor and Code

Date signed (MM/DD/YYYY)

**ATTESTATION FORM FOR VIRTUAL SELLING
APPLICANT OWNER AND/OR PROPOSED INSURED**

Name of Client (Applicant Owner and/or Proposed Insured): _____

Application No. (Application): _____

Name of Product (Plan): _____

Date of Sale: _____

I/ We, the Applicant Owner and/or Proposed Insured have discussed with _____ (Distributor's name) through virtual selling and attest and certify that:

1. I/We, the Applicant Owner and/or Proposed Insured, intends to purchase an Allianz insurance policy through the distributor, who explained the product features, its benefits through sales illustrations, including applicable riders and it's benefits to me/us;
2. The details/declarations stated in the filled-out Application Form are correct and based on the information and/or authentic documents provided by me/us as the Applicant Owner and/or Proposed Insured. I/We, the Applicant Owner and/or Proposed Insured personally filled out the Application Form and/or authorized the distributor to fill out the details of the Application Form on my/our behalf;
3. I/We, the Applicant Owner and/or the Proposed Insured, are currently in the Philippines;
4. I/We, the Applicant Owner and/or Proposed Insured, agree to be bound by the declarations in the said Application Form;
5. Health status, lifestyle, and occupation are accurately provided by me/us, the Applicant Owner and/or Proposed Insured; and
6. I/We, the Applicant Owner and/or Proposed Insured, understand the importance of accurate and complete disclosure of all relevant information.

Applicable only for UL Products:

7. I/We, the Applicant Owner and/or Proposed Insured, fully understand that I/we will assume all investment risks associated with this Policy;
8. I/ We, the Applicant Owner and/or Proposed Insured, confirm that I/we have signified my/our consent and acknowledgment as needed in the Sales Illustration, Acknowledgement of Variability, and the Acknowledgment of Guaranteed Acceptance Program and that these shall form part of the insurance contract once issued; and

Internal

9. I/ We, the Applicant Owner and/or Proposed Insured, understand that the Cooling-off Period provision as stated “If you are not completely satisfied with this Policy, you may return it to our Home Office or any of our branch offices within fifteen (15) days after receipt of this Policy document, together with a written notice, signed by you, requesting cancellation. This Policy document is considered delivered to and received by you on the date indicated in the Policy Acknowledgement Receipt. On such cancellation, the amount refundable shall be the sum of the Insurance Charges and the Total Fund Value. The Total Fund Value will be calculated on the Pricing Date immediately following the date the receipt of the written notice on your request for Policy cancellation, subject to the Cut-off Time”.

**Signature over Printed Name of Applicant Owner,
if other than Proposed Insured**

Date signed (MM/DD/YYYY)

Signature over Printed Name of the Proposed Insured

Date signed (MM/DD/YYYY)