

# AGENT'S CONFIDENTIAL REPORT

Please print clearly and completely blacken the circle. If possible, use black ink.

\_\_\_\_\_

## INFORMATION ON THE PROPOSED INSURED/APPLICANT OWNER

1. Are you aware of any factor (health or otherwise) which is not evident from the application and which could affect the evaluation of this application? (If yes, please provide details) \_\_\_\_\_  Yes  No
2. What is the purpose of this insurance?  Income Continuation  Estate Creation  Mortgage  Keyman Insurance  
 Others \_\_\_\_\_
3. What is the annual household income during the past year of the Applicant Owner and Proposed Insured?  
Applicant Owner \_\_\_\_\_ Proposed Insured \_\_\_\_\_  
Household Income \_\_\_\_\_
4. In the past 5 years, has the Proposed Insured:
  - a) Been a member of the military or police or any militant or paramilitary organization? (If yes, please indicate rank and position) \_\_\_\_\_  Yes  No
  - b) Been active in politics as a candidate or leader? (If yes, please indicate rank and position) \_\_\_\_\_  Yes  No

**REMINDER:** If the answer to any of the questions above is "Yes", please provide details at the back page.

## HIGH RISK CLIENTS

5. Is the Proposed Insured, Applicant Owner Or Beneficiary
  - a) a Politically Exposed Person (PEP) or an immediate family member or a close associate of politically exposed person?  Yes  No
  - b) a remittance agent, money changer or foreign exchange dealer?  Yes  No
  - c) a Non-Governmental Organization (NGO), Non-Profit Organization (NPO) or Foundation?  Yes  No
  - d) connected with a casino and related gaming entities?  Yes  No
  - e) a Customs broker?  Yes  No
  - f) a jewel/gem/precious metal dealer?  Yes  No
  - g) a gun/ammunition/military equipment dealer?  Yes  No

**REMINDER:** If the answer to any of the High Risk Clients questions is "Yes", conduct the Enhanced Due Diligence (EDD) process. Fill out the corresponding EDD Form.

## INTERMEDIARY'S CERTIFICATION / SIGNATURE

I certify that I have truly and accurately recorded all information, have seen the original proofs of identification and affirm that the photocopies attached to the application are faithful reproductions of the originals, and have issued and given Applicant Owner a Provisional Receipt for the amount of payment that accompanies the application.

I have personally presented and explained the product and its benefits, have verified the identity of the Proposed Insured and/or Applicant Owner against the identification documents presented and have interviewed them before the application is submitted.

Intermediary \_\_\_\_\_  
NAME (last name, first name, middle name) \_\_\_\_\_ Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

## REFERROR & BRANCH DETAILS

Referror (last name, first name, middle name) \_\_\_\_\_  
Referror's ID No. \_\_\_\_\_ Bank \_\_\_\_\_  
Branch Name \_\_\_\_\_

FDAS-NBOS-FRM-ACR-2017-08

Allianz PNB Life Insurance, Inc.

9th Floor, Allied Bank Center, 6754 Ayala Avenue corner Legaspi St., Makati City, Philippines  
Tel. No. (63 2) 818-LIFE (5433) / TIN 204-145-589-000



## DETAILS OF ALL "YES" ANSWERS