

Attestation of the Intermediary

Name of Client (Applicant Owner):

Application No (Application):

Date and Mode of Remote Communication:

During my discussion with the Client, certify that:

1. I have personally presented and explained the product features and its benefits to the Client through remote means of communication.
2. I have explained to the Client 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 Client in the Application Form under the Client’s express consent and instruction.
4. I have performed the Know-Your-Customer and Client Due Diligence procedures as required under the Anti-Money Laundering Act and related laws and have verified the identity of the Proposed Insured and/or the Applicant Owner based on the identification documents presented.

Name of Intermediary

Date

Attestation of the Client

Application No (Application):

Name of Product (Plan):

Date and Mode of Remote Communication:

I have discussed with _____ (Intermediary) through remote means of communication and attest and certify the following:
Name of Intermediary

1. That I intend to secure an insurance policy through the Intermediary who explained the features of the product and its benefits, illustrations, of the Plan including applicable riders to me.
2. That the details/declarations stated in the filled out Application Form are correct and based on the information and/or authentic documents provided by me. I personally filled out the application form and/or authorized the Intermediary to fill out the details of the Application Form on my behalf.
3. That I am currently in the Philippines and agree to be bound by the declarations in the said Application Form.
4. That I understand that the integrity and security of this email cannot be guaranteed over the internet, and that I will send email communications only to the correct official email address of my Intermediary.

Applicable only for UL Products:

5. That I fully understand that I will assume all investment risks associated with this Policy.
6. That I confirm that I have signified my consent and acknowledgment as needed in the Sales Illustration, Acknowledgment of Variability, and the Acknowledgment of Guaranteed Acceptance Program and that these shall form part of the insurance contract once issued.

Name of Applicant Owner

Date