

# APPLICANT OWNER (AO) INFORMATION

(Fill out only if Applicant Owner/Payor is different from Proposed Insured)

Application No. \_\_\_\_\_

Beneficial owner refers to an individual who ultimately owns or controls the Applicant Owner and/or on whose behalf a transaction is being conducted. If the Beneficial Owner/s is/are other than the Applicant Owner, please fill-out the **Beneficial Owner Supplementary form**.

**NOTE: If the Applicant Owner is a Corporate/Juridical Entity, please fill out a separate "Applicant Owner (Business) Information" form instead.**

1. Name (last name, first name, middle name) \_\_\_\_\_

Other Legal Name (last name, first name, middle name) \_\_\_\_\_

2. Relationship to Proposed Insured \_\_\_\_\_

3. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. Gender  Male  Female

**\*(To be filled out if Proposed Insured is same as applicant owner. For YES, fill out the W-9 Form and the Consent and Waiver Form. Fill out the W-8 BEN form to certify that you are a non-U.S. person, If deemed as a non "U.S. Person")**

5. Place of Birth (city/mun, prov, country) \_\_\_\_\_

6. Civil Status  Single  Widowed  Annulled  Married  Separated  Divorced

7. Nationality \_\_\_\_\_ 8. Are you an U.S. Person?  Yes  No

9. Mobile Number \_\_\_\_\_ 10. Email \_\_\_\_\_

11. Preferred Mailing Address  Present  Work

## 12. Present Address

Unit/ Building Name \_\_\_\_\_ Lot/Block No. Street #/ Street Name \_\_\_\_\_ Barangay/Subdivision \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

## 13. Work Information

Unit/ Building Name \_\_\_\_\_ Lot/Block No. Street #/ Street Name \_\_\_\_\_ Barangay/Subdivision \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Occupation (Title and/or Duties) \_\_\_\_\_ Estimated Annual Income \_\_\_\_\_

Employer / Nature of Business \_\_\_\_\_

14. Source of Funds  Business  Salary/ Commission  Donations/ Contributions  Remittances/Allowances/ Pension  Investments  Others \_\_\_\_\_

15. Are/have you or any of your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources (b) a foreign State; or (c) an international organization?  Yes  No

16. Contingent Owner upon death of applicant owner (last name, first name, middle name) \_\_\_\_\_

17. Date of Birth Contingent Owner (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

18. Relationship of Contingent Owner to Proposed Insured \_\_\_\_\_

I certify that I have fully and accurately recorded to the best of my knowledge and belief all answers given to me.

I declare that all statements I have made are true, completely and correctly recorded to the best of my knowledge and belief. I agree that this shall form part of the corresponding Application for Life Insurance number mentioned on Page 1 of this Non-med form.

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Signature over Printed Name of Intermediary

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Code

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Signature over Printed Name of Applicant Owner

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Date (mm/dd/yyyy)

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Place