

Allianz

- Application No. _____

A. PROPOSED INSURED (PI) INFORMATION

1. Name (last name, first name, middle name) _____		
2. Date of Birth (mm/dd/yyyy) _____ / _____ / _____	3. Gender ☐ Male ☐ Female	
4. Place of Birth (city/mun, prov, country) _____		
5. Civil Status ☐ Single ☐ Widowed ☐ Annulled ☐ Married ☐ Separated ☐ Divorced		
6. Nationality _____	7. Are you a U.S. Person? * ☐ Yes ☐ No	
8. Mobile Number** _____		
9. Email** _____		
10. Present Address		
Unit/ Building Name	Lot/Block No. Street #/ Street Name	Barangay/Subdivision
City/Municipality	Province	Country

11. Mailing Address ☐ Tick if same as Present Address

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

12. Work Information

City/Municipality _____ Province _____ Country _____

Occupation (Title and/or Duties) _____ Gross Annual Income (Php) _____

Employer / Nature of Business _____

13. Source of Funds ☐ Business ☐ Salary/Commission ☐ Donations/Contributions ☐ Remittances/Allowances/Pension ☐ Investments ☐ Others _____

14. 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, within the last 12 months? ☐ Yes ☐ No

1. Fill out only if the Applicant Owner is an individual and is different from the Proposed Insured.
2. Fill out the Applicant Owner (Business) Information Form if the Applicant Owner is an Entity.

1. Name (last name, first name, middle name)																							
2. Relationship to Proposed Insured																							
3. Date of Birth (mm/dd/yyyy)			/			/			4. Gender			☐ Male			☐ Female								
5. Place of Birth (city/mun, prov, country)																							
6. Civil Status			☐ Single			☐ Widowed			☐ Annulled			☐ Married			☐ Separated			☐ Divorced					
7. Nationality												8. Are you a U.S. Person?*			☐ Yes			☐ No					
9. Mobile Number**												10. Email**											
11. Present Address																							
Unit/ Building Name					Lot/Block No. Street #/ Street Name					Barangay/Subdivision													
City/Municipality					Province					Country													

* If **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 but with a U.S. indicia.

** There should be only 1 mobile number and 1 email for all existing policies of clients with Allianz PNB Life Insurance, Inc. If you have an existing policy with Allianz PNB Life Insurance, Inc., please use the email and mobile number provided during your previous application(s). Otherwise, the mobile number and email that you input in this application will be applied to all existing policies with Allianz PNB Life Insurance, Inc.

12. Mailing Address ☐ Tick if same as Present Address

Unit/ Building Name

Lot/Block No. Street #/ Street Name

Barangay/Subdivision

City/Municipality

Province

Country

13. Work Information

City/Municipality

Province

Country

Occupation (Title and/or Duties)

Gross Annual Income (Php)

Employer / Nature of Business

14. Source of Funds

☐ Business☐ Salary/
Commission☐ Donations/
Contributions☐ Remittances/Allowances/
Pension☐ Investments☐ Others

15. 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, within the last 12 months? ☐ 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

C. INFORMATION ON BENEFICIARIES (Please fill out and sign an additional Beneficiary Sheet if you have more than 2 beneficiaries)

The written CONSENT of ALL IRREVOCABLE beneficiaries will be required in all future transactions on the Policy. It is understood that the beneficiaries share equally unless indicated otherwise in the % share column.

IMPORTANT NOTE ON MINOR BENEFICIARIES

According to Section 182 of the Revised Insurance Code, minors may exercise their rights (including receiving benefits and giving consent as irrevocable beneficiaries) under the insurance policy only through a Guardian. The parent/s, by default, is the minor's guardian. When the interest of the minor exceeds Five Hundred Thousand Pesos (PHP 500,000.00), the law further requires that a petition be filed in court for the posting of a guardian's bond.

BENEFICIARY 1

Name (last name, first name, middle name)

Date of Birth (mm/dd/yyyy)

Place of Birth

Relationship of Beneficiary to Proposed Insured

Nationality

Contact Information (Phone No. or E-mail)

Gender

Address Same as Present Address of ☐ Applicant Owner ☐ Proposed Insured

If not, indicate address

Primary %Share

Contingent %Share

Irrevocable

Revocable

☐ %☐ %☐☐

BENEFICIARY 2

Name (last name, first name, middle name)

Date of Birth (mm/dd/yyyy)

Place of Birth

Relationship of Beneficiary to Proposed Insured

Nationality

Contact Information (Phone No. or E-mail)

Gender

Address Same as Present Address of ☐ Applicant Owner ☐ Proposed Insured

If not, indicate address

Primary %Share

Contingent %Share

Irrevocable

Revocable

☐ %☐ %☐☐

Total %

Total %

D. INFORMATION ON THE POLICY APPLIED FOR

1. Plan Name _____
2. Sum Assured _____
3. Purpose of Insurance ☐ Income Continuation ☐ Estate Creation ☐ Mortgage ☐ Keyman Insurance ☐ Others _____
4. Payment Scheme ☐ Auto-Debit (Submit Auto Debit Forms) ☐ Cash/Check ☐ Others _____
5. Non-Forfeiture Option (if applicable)
☐ Net Surrender Value ☐ Paid-up Insurance ☐ Extended Term Insurance ☐ Automatic Premium Loan
6. Policy Dividend Option (if applicable)
☐ Paid in cash ☐ Applied to any premium due (APP) ☐ Left to accumulate (Accumulate at interest)
☐ Applied as paid-up additional non-participating life insurance

E. PAYOUT OPTION FOR ALL LIVING BENEFITS

AUTOMATIC TRANSFER TO MY ACCOUNT

I hereby agree that all my living benefits (anticipated endowment proceeds net of outstanding loans, dividends, policy loans, withdrawals, surrenders and maturities) and refunds will automatically be transferred to my account with details indicated below, hereby granting **Allianz PNB Life Insurance, Inc.** authority to effect the same.

I fully understand and agree that the authorization shall be on a continuing basis and shall remain in full force and effect unless cancelled by the undersigned in writing or as determined by **Allianz PNB Life Insurance, Inc.**

By signing this application form, I agree to inform **Allianz PNB Life Insurance, Inc.** in writing of any change in the information provided or in my account status. I also authorize **Allianz PNB Life Insurance, Inc.** to deduct from the proceeds any applicable bank charge/s.

Bank Name _____

Bank Branch _____

Account Currency ☐ PHP ☐ USD Bank Account No. _____

If Joint Account, indicate the following: Type of Account ☐ AND ☐ OR ☐ AND/OR

Bank Account Name (please indicate the exact account name)

1. _____
2. _____
3. _____

F. DECLARATION ON THE PROPOSED REPLACEMENT OF EXISTING POLICY(IES)

Total Insurance Inforce on Proposed Insured

COMPANY	BASIC LIFE (indicate currency)	ACCIDENT (indicate currency)	YEAR OF ISSUE
_____	_____	_____	_____
_____	_____	_____	_____

Is the Policy applied for intended to change or replace any existing insurance in force on the life of Proposed Insured? ☐ Yes ☐ No

Will premiums for the insurance applied for be paid by a policy loan, withdrawal, or surrender from any existing policy? ☐ Yes ☐ No
(If yes, please furnish details below and accomplish the Replacement Notification Form).

COMPANY	POLICY NO.	AMOUNT OF INSURANCE BEING REPLACED (indicate currency)
_____	_____	_____
_____	_____	_____

REMINDER: It is usually disadvantageous to REPLACE existing life insurance policy(ies) with a new one. Some disadvantages are:

- 1) You may not be insurable on standard terms.
- 2) You may have to pay a higher Premium in view of higher age.
- 3) You may lose financial benefits.

Please note that in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

G. NON-MEDICAL QUESTIONS

INSTRUCTIONS:

- 1) Leave this section blank if a medical examination is to be submitted or if the application is for a GAE plan.
- 2) Fill out the Applicant Owner section if the owner is applying for Payor's Benefit Rider (PBR).

FAMILY HISTORY

Please declare if any of the immediate family members (father, mother, siblings, children) has/had any of the following conditions on or before the age of 60

CONDITION	Proposed Insured			Applicant Owner		
	Not Applicable	1 member	2 or more members	Not Applicable	1 member	2 or more members
Cardiovascular Disease/ Coronary Artery Disease / Myocardial Infarction / Hypertension	☐	☐	☐	☐	☐	☐
Cerebrovascular Disease / Stroke	☐	☐	☐	☐	☐	☐
Diabetes Mellitus	☐	☐	☐	☐	☐	☐
Alzheimer's / Parkinson's Disease	☐	☐	☐	☐	☐	☐
Polycystic Kidney Disease	☐	☐	☐	☐	☐	☐
Cancer: specify type _____	☐	☐	☐	☐	☐	☐

BUILD	Proposed Insured	Applicant Owner
Height	ft. in. or cm.	ft. in. or cm.
Weight	lbs. or kg.	lbs. or kg.

If you answered "YES" to any of the following questions:
For Questions 1 and 2, please indicate the diagnosis/reason, date of first symptoms, duration of illness, Doctor/Attending Physician, and other details (including medication, treatment, test results, reoccurrence, current status, follow up), and submit a copy of the medical report.
For Question 5, fill out the Drug Supplementary Statement.
For other questions, provide the details.

NON-MEDICAL QUESTIONNAIRE	Proposed Insured	Applicant Owner	Details of "YES" answer
1. Have you ever been diagnosed or consulted with a medical doctor, or referred for medical tests or hospitalization for any kind of medical condition beyond the conditions listed below? • routine, pre-employment, pre-marriage, annual or physical, immigration and business permit purposes check-up with no abnormal results • normal child delivery, previous prenatal check-up with no high risk pregnancy related condition • Child Immunization / Child Monthly check up with no adverse findings • wearing of glasses for short-sightedness, near-sightedness or astigmatism • full recovery from fever / colds / cough/ flu / sinusitis / upper respiratory tract infections lasting for no more than a month • successfully recovered from Tonsillectomy, Appendectomy, Cholecystectomy, Minor Bone fracture treatment or surgery done more than twelve (12) months ago.	☐ Yes ☐ No	☐ Yes ☐ No	
2. Have you ever been diagnosed or received treatment or medical advice for any lump, cyst, cancer, high blood, heart or lung disease, diabetes, kidney or liver disease, mental or neurological dysfunction, pending or previous minor or major operation , or any other ailment with or without physical impairment other than those listed in item number 1?	☐ Yes ☐ No	☐ Yes ☐ No	
3. Do you smoke more than 30 sticks per day?	☐ Yes ☐ No	☐ Yes ☐ No	
4. Do you consume alcoholic beverages more than 6 bottles of beer / 10 shots of hard liquor / 4 glasses of wine per day?	☐ Yes ☐ No	☐ Yes ☐ No	
5. Have you ever used habit forming drugs (cocaine, heroin, marijuana, LSD or amphetamines)?	☐ Yes ☐ No	☐ Yes ☐ No	
6. For women only, are you pregnant? If yes, how many weeks?	☐ Yes ☐ No	☐ Yes ☐ No	

Please indicate the details in the space provided if you answered "YES" to any of the following questions.

DECLARATIONS ON OCCUPATION/AVOCATION	Policy Insured	Applicant Owner	Details of "YES" answer
1. Do you expect to change in the next 12 months: a) occupation? b) country of residence?	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	
2. Do you engage or intend to engage in any private flying, scuba, or skin diving; motorcycle, car, motorboat racing or any other extreme sports/hazardous activities?	☐ Yes ☐ No	☐ Yes ☐ No	

H. ACKNOWLEDGEMENT OF VARIABILITY APPLICABLE ONLY FOR PARTICIPATING LIFE INSURANCE POLICY

I hereby acknowledge the following:

- I am applying for a participating life insurance with **Allianz PNB Life Insurance, Inc.**
- I understand that in a participating life insurance, the Applicant Owner is eligible to receive dividends, subject to the following limitations/conditions:
 - Allianz PNB Life Insurance, Inc.** in its sole discretion determines the amount of dividends, if any;
 - Dividend rates will typically vary based on the performance of a number of factors including **Allianz PNB Life Insurance, Inc.'s** investment returns, mortality experience, expense and taxes;
 - In view of the variability of dividend performance, it is not guaranteed:
 - that there will be accumulated dividends sufficient to offset any future premiums; or
 - that the Policy will become self-liquidating (i.e., able to pay its own premiums) in the future.
- That **Allianz PNB Life Insurance, Inc.** shall have the right to adopt or change the basis for any distribution of surplus and for the determination of any amount to be apportioned by way of dividend to said policy (if participating).

I. GENERAL DECLARATION

- That I was present during the completion of this Application and the answers and statements made on this Application and in any other documents forming part of this Application are true, complete, with my full consent and will be the basis of any contract that may arise. Any concealment, misrepresentation and false declaration will cause the insurance contract to be void;
- That Article 1250 of the Civil Code of the Philippines (Republic Act 386) relating to extraordinary inflation or deflation shall not apply in determining the extent of liability under the provisions of the Policy;
- That I hereby warrant the eligibility of the beneficiary or beneficiaries named in this Application, and further warrant that I shall not, in the future, designate any beneficiary who is ineligible under Articles 2012 in relation to Article 739 of the Civil Code of the Philippines (Republic Act 386);
- That should **Allianz PNB Life Insurance, Inc.** pay the proceeds of the Policy to an ineligible beneficiary, believing in good faith that said beneficiary is eligible, said payment shall free **Allianz PNB Life Insurance, Inc.** from liability under the Policy, if within sixty (60) days from the presentation by the ineligible beneficiary of the claim and proof of death of the Insured, no adverse claim is filed with **Allianz PNB Life Insurance, Inc.** by the person legally entitled to the proceeds of the policy;
- That I hereby waive all provisions of law forbidding any physician, clinic, or other persons from disclosing or giving information or any record pertaining to any consultation, examination, attendance or treatment of the Proposed Insured and/or Applicant Owner, if applicable;
- That in accordance with the Insurance Commission's Circular Letter No. 2016-54, my information will be uploaded to a Medical Information Database, which includes medical and non-medical information, accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to my information in order to protect my right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph;
- That if I accept delivery of the Policy and retain the same without objection within the cooling off period stipulated in the contract provisions, either reckoned from the date indicated in the Policy Acknowledgement Receipt or from the date of sending the ePolicy, whichever is applicable, such retention shall amount to an approval on my part of the information written therein and constitute a ratification by me, of any corrections or additions to this application imposed by **Allianz PNB Life Insurance, Inc.**;
- That I am not engaged in any of the unlawful activities listed in the Anti-Money Laundering Act (AMLA) of 2001, as amended, and that I declare that the premiums' source of funds were not generated from any of the unlawful activities listed in said law;
- That during the effectivity of the policy, I agree that in case **Allianz PNB Life Insurance, Inc.** is unable to comply with relevant customer due diligence (CDD) measures, as required under the AMLA, as amended, and relevant issuances, due to my fault as a client, **Allianz PNB Life Insurance, Inc.** may apply the following: a) Measures to restrict the services available or prohibit any further transactions on the policy until full and proper CDD measures have been successfully conducted; b) In case the foregoing is unsuccessful, terminate the business relationship. The exercise of **Allianz PNB Life Insurance, Inc.** of this measure shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable;
- That I am bound by the obligations set out in the relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation terrorism and financing terrorism, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities;
- That if I decide to transact with **Allianz PNB Life Insurance, Inc.**, through electronic means, I agree to be solely responsible for the safekeeping of my password and/or other electronic identification, and shall hold **Allianz PNB Life Insurance, Inc.** free and harmless from any and all misuse of such password and/or electronic identification; and
- 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 beneficiary/ies, and if applicable, the beneficial owner/s of my Policy for the following to:
 - 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.);
 - comply with legal or regulatory obligations of **Allianz PNB Life 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
 - 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 foregoing purposes, who shall be bound by contractual or other reasonable means to protect your Personal Data.

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 regulations, counted from Policy termination, cancellation or surrender.

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.html>. As such, I hold **Allianz PNB Life Insurance, Inc.** free and harmless from any liability that may arise from any collection, use, destruction or sharing of my Personal Data.

I shall inform **Allianz PNB Life Insurance, Inc.** of any changes relating to my Personal Data.

I further authorize **Allianz PNB Life Insurance, Inc.** to share, transfer and/or disclose my Personal Data to any of its subsidiaries, affiliates, and partners for offer of their products and services.

13. 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 PNB Life 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 **Allianz PNB Life Insurance, Inc.** will communicate with me through only 1 email address and only 1 mobile number for all my policies.

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.

J. SIGNATURES

If a material fact is not disclosed in this application, any policy issued may not be valid. If in doubt as to whether a fact is material, you are advised to disclose it. This includes information that you may have provided to the Distributor but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

By signing below, I declare that I have read and agree with the General Declarations. Further, I agree that updates in my Personal Data made in this Application will be applied to my existing policies with **Allianz PNB Life Insurance, Inc.**, if any, to ensure that all my policies are always up to date. As such, it is my responsibility to provide accurate and relevant Personal Data in this Application. I acknowledge that **Allianz PNB Life Insurance, Inc.** is not liable for any consequence resulting from incomplete or inaccurate Personal Data provided by me or any delays in updating it.

Signature over Printed Name of Proposed Insured

Signed in the Philippines on Date (mm/dd/yyyy)

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

Signature over Printed Name of Child's Parent /Guardian
for Authorization to Insure Child

K. DISTRIBUTOR DECLARATIONS

A. DECLARATION ON THE PROPOSED REPLACEMENT OF EXISTING POLICY(IES)

Is the Policy applied for intended to change or replace any existing insurance in force on the life of Proposed Insured (If yes, please furnish details below and accomplish the Replacement Notification Form). ☐ Yes ☐ No

Will premiums for the insurance applied for be paid by a policy loan, withdrawal, or surrender from any existing policy? (If yes, please furnish details below and accomplish the Replacement Notification Form). ☐ Yes ☐ No

B. SIGNATURE

There are no known factors (health or otherwise) evident from the application form and that could affect the evaluation of the application. Furthermore, the identity of the Proposed Insured, Applicant Owner or Beneficiary is not any of the following:

- a Politically Exposed Person (PEP) or an immediate family member or a close associate of politically exposed person
- a remittance agent, money changer or foreign exchange dealer
- a member of Non Government Organization (NGO), Non-Profit Organization (NPO) or Foundation
- connected with a casino and related gaming entities
- a customs broker, a jewel / gem / precious metal dealer
- a gun/ ammunition / military equipment dealer
- a shell company
- from High Risk Jurisdictions/Countries that is recognized as having inadequate internationally accepted anti-money laundering standards; does not sufficiently regulate business to counteract money-laundering; fails to incorporate Financial Action Task Force (FATF) recommendation into its regulatory regimes
- from countries that exhibits a relatively high prevalence or risk of crime, corruption, or terrorist financing

Otherwise, Enhanced Due Diligence (EDD) form must be filled out and submitted.

I certify that I have verified the identity of the Proposed Insured and/or Applicant Owner.

I have personally presented and explained the product and its benefits and have personally witnessed the Proposed Insured and /or Applicant Owner signing the application before the application is submitted.

Signature over Printed Name of Distributor

Code

Signed in the Philippines on Date (mm/dd/yyyy)

C. REFERROR & REFERRING BRANCH DETAILS (FOR BANK CLIENTS)

Name of Referror (last name, first name, middle name)

Referror's ID No.

Bank

Referring Branch

Signature of Referror

Date Signed (mm/dd/yyyy)

D. AGENT'S REPORT

REPLACEMENT NOTIFICATION FORM

Proposed Insured (last name, first name, middle name)

Address Date of Birth (mm/dd/yyyy)

Applicant Owner, if other than the insured (last name, first name, middle name)

Existing Policies to be replaced:

COMPANY (as it appears in the Policy Contract)	INSURED (as it appears in the Policy Contract)	POLICY NO.
.....		
.....		

I certify that I understand the nature of the change and hereby affix my signature below

Signature over Printed Name of Applicant Owner

Date

AUTHORIZATION TO FURNISH MEDICAL OR OTHER RELATED INFORMATION

Allianz PNB Life Insurance, Inc. is considering an application for insurance on my life and I hereby consent and authorize that:

- Any physician, clinic, insurance company or other insurance industry association, institution or person that has my record may release or give to **Allianz PNB Life Insurance, Inc.** or its authorized representative, any and all information about me in this application;
- Any information collected and held by **Allianz PNB Life Insurance, Inc.** may be released and/or disclosed to its affiliated companies and agents, other insurance companies and their affiliates and any medical information sharing facility of the insurance industry for any legitimate purpose, including but not limited to underwriting and administration of insurance coverage and claims;
- I may be subjected to HIV testing for the purpose of underwriting this application or the coverage related to the insurance policy, if issued;
- A personal investigation on me may be conducted by a duly authorized inspection agency which will provide any applicable information concerning my character, general reputation, personal characteristic, mode of living, health and financial status through personal interviews with friends, neighbors and associates.

A photocopy of this authorization shall be valid as the original. This authorization is in connection with my application for insurance only.

Signature over Printed Name of Proposed Insured

Signature over Printed Name of Witness

Date (mm/dd/yyyy)

CERTIFICATE OF INTERIM COVERAGE

Allianz PNB Life Insurance, Inc. shall provide insurance coverage to the Proposed Insured if the following conditions are satisfied:

- The first acceptable modal premium has been paid with the Application for which a Official Receipt is issued, except worksite applications. For worksite applications, a valid authorization for premium deduction is submitted and received by the company together with the application; and
- All underwriting requirements are fully complied with and the application is approved or would have been approved at standard rating based on existing underwriting guidelines of the company; and
- All required questions of the Application are answered completely and truthfully.

LIMITATION ON AMOUNT OF INSURANCE

The amount of benefits payable on the death of the life to be insured pursuant to this certificate is the amount which **Allianz PNB Life Insurance, Inc.** would have paid in accordance with the provisions of the insurance policy had it been issued but not to exceed PhP 2,000,000.00 in total when all amounts of benefits payable are converted to the Peso denomination using the prevailing exchange rate at the date of death of life to be insured, including any accidental death benefit, under all Certificate of Interim Coverages in force in respect of the deceased Insured. The benefits will be prorated among all Certificate of Interim Coverages in force on the same deceased Insured. Any amount paid for the amount of insurance in excess of **Allianz PNB Life Insurance, Inc.**'s liability under this Certificate shall be returned to the Company.

TERMINATION OF COVERAGE ON THE LIFE INSURED WILL BE THE EARLIEST OF THE FOLLOWING:

- The date a termination notice is sent by **Allianz PNB Life Insurance, Inc.** to the applicant;
- The date a policy is issued and takes effect as a result of the Application;
- The date the application for insurance is cancelled as requested in writing by the applicant; and
- The date of death of the Proposed Insured

SPECIAL LIMITATIONS

- This Certificate does not provide benefits for dismemberment and/or disability.
- In cases of check payments, this Certificate will be invalid if check is not honored by the bank.
- No agent has the authority to modify the terms of this Certificate.
- **SUICIDE: Allianz PNB Life Insurance, Inc.** shall be liable only when it is committed after the policy has been in force for a period of at least two (2) years from the Policy Effectivity Date, or date of last reinstatement, if applicable, except if suicide is committed in a state of insanity, in which case suicide shall be compensable regardless of the date of commission.

BENEFICIARY: as stated in the Application

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws relating to insurance and has supervision over insurance companies. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers (02) 8-523-8461 local 103/127 and email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.