

Allianz eAZy Health

Application No.

APPLICATION FORM

Name (last name, first name, middle name) _____

Mobile Number _____ Email _____

Date of Birth (mm/dd/yyyy) ____/____/____ Place of Birth (city/mun, prov, country) _____

Gender Male Female Nationality Filipino Other _____

Mailing Address

Unit/ Building Name: _____

Lot/Block No./ Street #/ Street Name _____

Barangay/Subdivision: _____

City/Municipality _____ Province _____

Country _____ Zip Code _____

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

Are you a U.S. Person? Yes No For YES, fill up the W-9 Form and the Consent and Waiver Form. If deemed as a non-US person, fill up the W-8 BEN form to certify that you are a non-US person.

Plan Variant Blue Silver Gold Platinum

Mode of Payment Annual Semi Annual Quarterly Monthly If you wish to pay monthly, please choose between Credit Card or Auto Debit.

Payment Scheme Cash/ Check Credit Card Auto Debit Fill out the applicable form for chosen payment scheme as necessary. Visit <http://bit.ly/AZPPaymentFacilities> for more details.

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Designated Beneficiaries Default Nominated

Default beneficiary refers to the first surviving class of the following beneficiary classes in this order (a) Insured's widow or widower; (b) Any of the surviving children born to or legally adopted by the Insured; (c) Any of the surviving parents of the Insured; (d) Any of the surviving brothers or sisters of the Insured; and (e) Executors or administrators. If you prefer to name your Beneficiary, please nominate them below.

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:

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, are 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

Relationship to Proposed Insured _____

Share _____ %

Beneficiary Type Revocable Irrevocable

Name (last name, first name, middle name) _____

Mobile Number _____ Email _____

Date of Birth (mm/dd/yyyy) ____/____/____ Place of Birth (city/mun, prov, country) _____

Gender Male Female Nationality Filipino Other _____

Mailing Address Same as Mailing Address of Applicant Owner; If not indicate address below

Unit/ Building Name: _____

Lot/Block No./ Street #/ Street Name _____

Barangay/Subdivision: _____

City/Municipality _____ Province _____

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Beneficiary 2

Relationship to Proposed Insured _____

Share _____ %

Beneficiary Type Revocable Irrevocable

Name (last name, first name, middle name) _____

Mobile Number _____ Email _____

Date of Birth (mm/dd/yyyy) ____/____/____ Place of Birth (city/mun, prov, country) _____

Gender Male Female Nationality Filipino Other _____

Mailing Address Same as Mailing Address of Applicant Owner; If not indicate address below

Unit/ Building Name: _____

Lot/Block No./ Street #/ Street Name _____

Barangay/Subdivision: _____

City/Municipality _____ Province _____

Country _____ Zip Code _____

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GENERAL DECLARATION

- That these declarations with the answers to the above questions, shall be the basis of the Policy and form part of the same;
- 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 2021 and 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 I am not engaged in any of the unlawful activities listed in the Anti-Money Laundering Act of 2001 as amended and that I declare that the funds where premiums are sourced from, were not generated from any of the unlawful activities listed;
- 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 Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the 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 business relationship. The exercise of Allianz PNB Life Insurance, Inc. of this measure shall only entitle the customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable;
- That I am bound by obligations set out in the relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, 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 beneficiaries, and if applicable, the beneficial owner/s of my Policy for the following to;
 - facilitate issuance of my Policy, process claims and other policy benefits , monitor and improve the quality of my Policy/ies and such services availed of by me, through programs including but not limited to offer of related products, customer satisfaction surveys, and statistical, actuarial and risk analyses;
 - 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.

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 information to any of its subsidiaries, affiliates, and partners for offer of related products and services.

- 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. 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 info@allianzpnblife.ph.

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 Intermediary but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

I certify that (1) I have verified the identity of the Applicant Owner, (2) I have issued a Provisional Receipt to the Applicant Owner for the amount of payment received, (3) I have personally presented and explained the product and its benefits and have personally witnessed the Applicant Owner signing the application before the application is submitted, and (4) I have also filled out and submitted the Enhanced Due Diligence (EDD) form, if applicable to the Applicant Owner.

I declare that all statements I have made are true and complete. I further confirm that these information are recorded accurately.

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

Signature over Printed Name of Agency Partner

Code

Signature over Printed Name of Applicant Owner/ Proposed Insured

To the Agency Partner: Visit https://bit.ly/AZPH_EDD for information if the EDD form is required in this application.

NOTE: A **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 is other than the Applicant Owner, please fill-out the **Beneficial Owner Supplementary** form.

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