BENEFICIAL OWNER (BO) INFORMATION

(Fill out only if Beneficial Owner/s Is/are different from the Applicant Owner)

Application No. ____

Allianz (II)

Allianz PNB Life Insurance, Inc.

| BENEFICIAL OWNER 1 | | | | | | | | | | | | | | | | | | |
|--|---------|-------------|-----------|---------|--------|------------|-------|--------------|----------|--------|-----------|--------|--------|-----|----------|-------|--|---|
| 1. Name (last name , first name, middle name | e) | LI | | 1 | 1 1 | | | | 1 1 | | LI | 1 | | | | I | |] |
| 2. Ownership 💷 🖌 % | | | | | | | | | | | | | | | | | | |
| 3. Date of Birth (mm/dd/yyyy) | / | / | | 4. (| Gender | ·C | Male | \bigcirc F | emale | 5. | Nationa | lity | | | | | | |
| 6. Place of Birth (city/mun, prov, country) | | I I | | | 1 1 | | | | 1 1 | | | | 1 | | | L | |] |
| 7. Present Address Unit/ Building Name | Lot/Blo | ock No. Str | eet #/ St | reet Na | me | | | | Barango | ay/Sul | odivision | | | | | | | |
| City/Municipality Pi | rovince | | | | | I | | | Country | I | | _ | I | | | I | |] |
| | 1 | | | | 1 1 | | | | | | | 1 | 1 | | | 1 | | |
| 8. Work Information Unit/Building Name | Lot/Blo | ock No. Str | eet #/ St | reet Na | me | | | | Barango | ay/Sul | odivision | | | | | | | |
| City/Municipality Pr | rovince | | | | | | | - | Country | , | | | | | | | | |
| | | | | | 1 1 | | | | 1 1 | | | 1 | | | | I | | |
| Occupation (Title and/or Duties) $____$ | | | | | | | | | | E | Estimated | Annu | al Inc | ome | | | |] |
| Employer / Nature of Business | | | | | | | | | | | | _ | | | | L | | |
| 9. Contact Number (preferrably mobile) | 1 | | 1 | | 1 | 1 | | 10. E | mail ∟ | | | | | | | | | |
| BENEFICIAL OWNER 2 | | | | | | | | | | | | | | | | | | |
| 1. Name (last name , first name, middle name | .) | | 1 | 1 | 1 1 | | 1 | I | 1 1 | | | 1 | | | | 1 | | |
| 2. Ownership | | | | | | | | | | | | | | | | | | |
| 3. Date of Birth (mm/dd/yyyy) | | / 1 | | 4. (| Gender | \cdot | Male | | emale | 5 | Nationa | lity | 1 | | | 1 | | 1 |
| 6. Place of Birth (city/mun, prov, country) | | | | | | \bigcirc | indle | · · | | J. | | incy . | | | | | | |
| 7. Present Address | | | | | | | | | | | | | | | | | | |
| Unit/ Building Name | Lot/Blo | ock No. Str | eet #/ St | reet Na | me | | | | Barango | ay/Sul | odivision | | | | | | | |
| City/Municipality Pi | rovince | | | | | | | | Country | , | | | | | | 1 | | |
| | | | | 1 | 1 | | | | | | | 1 | 1 | | | 1 | | |
| 8. Work Information Unit/ Building Name | Lot/Blo | ock No. Str | eet #/ St | reet Na | me | | | | Barango | ay/Sul | odivision | | | | | | | |
| City/Municipality Pr | rovince | | | | | | | | Country | , | | | | | | | | |
| | _ | | | | | | | | <u> </u> | | | - | | | | L | | |
| Occupation (Title and/or Duties) | | | | | | | | | | E | Estimated | Annu | al Inc | ome | ll | i | | i |
| Employer / Nature of Business | | | | | | | | | | | | | | | | | | |
| 9. Contact Number (preferrably mobile) | I. | | I | I | I | 1 | 1 1 | 10 F | mail ∟ | | | 1 | 1 | I | I I | 1 | | 1 |
| BENEFICIAL OWNER 3 | | | | | | | | 10. L | | | | | | | | | | |
| 1. Name (last name , first name, middle name | e) | | | | | | | | | | | | I | | | 1 | | |
| 2. Ownership 1 % | | | | | | | | | | | | | | | | | | |
| 3. Date of Birth (mm/dd/yyyy) | | / | | 4. (| Gender | \cdot | Male | () F | emale | 5. | Nationa | litv | | | | 1 | | |
| 6. Place of Birth (city/mun, prov, country) | 1 | | 1 | 1 | 1 1 | | | <u> </u> | 1 1 | | | | 1 | 1 | | 1 | | 1 |
| 7. Present Address | | | | • | | | • | | | | | | | | | | | |
| Unit/ Building Name | Lot/Blo | ock No. Str | eet #/ St | reet Na | me | | | | Barango | ay/Sul | odivision | | | | | | | |
| City/Municipality Pr | rovince | | | | | | | | Country | , | | | | | | | | |
| | 1 | I | | _ | 1 1 | | | | <u> </u> | | | | | | | I | | |
| 8. Work Information Unit/ Building Name | Lot/Blo | ock No. Str | eet #/ St | reet Na | me | | , | | Barango | ay/Sul | odivision | 1 | | | | | | |
| City/Municipality Pr | rovince | | | | | | | | Country | , | | - | 1 | | | 1 | | |
| | | | | | 1 1 | | | | 1 1 | | | _ | | | | 1 | |] |
| Occupation (Title and/or Duties) | | | | | 1 | - | | | | E | Estimated | Annu | al Inc | ome | | I | | |
| Employer / Nature of Business | | | | | 1 1 | | | | 1 1 | | | | 1 | 1 | | 1 | | |
| 9. Contact Number (preferrably mobile) | I | | 1 | | | L | | 10 F | mail ∟ | _ 1 | L I | | | | <u> </u> | L | | 1 |

FDAS-NBUW-FRM-AFLI-AOI-BOI-2020-12

