

BENEFICIAL OWNER (BO) INFORMATION

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

Application No. _____

BENEFICIAL OWNER 1

1. Name (last name, first name, middle name) _____
2. Ownership _____ %
3. Date of Birth (mm/dd/yyyy) _____ / _____ / _____
4. Gender Male Female
5. Nationality _____
6. Place of Birth (city/mun, prov, country) _____
7. Present Address
Unit/ Building Name _____ Lot/Block No. Street #/ Street Name _____ Barangay/Subdivision _____
City/Municipality _____ Province _____ Country _____
8. 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 _____
9. Contact Number (preferably mobile) _____
10. Email _____

BENEFICIAL OWNER 2

1. Name (last name, first name, middle name) _____
2. Ownership _____ %
3. Date of Birth (mm/dd/yyyy) _____ / _____ / _____
4. Gender Male Female
5. Nationality _____
6. Place of Birth (city/mun, prov, country) _____
7. Present Address
Unit/ Building Name _____ Lot/Block No. Street #/ Street Name _____ Barangay/Subdivision _____
City/Municipality _____ Province _____ Country _____
8. 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 _____
9. Contact Number (preferably mobile) _____
10. Email _____

BENEFICIAL OWNER 3

1. Name (last name, first name, middle name) _____
2. Ownership _____ %
3. Date of Birth (mm/dd/yyyy) _____ / _____ / _____
4. Gender Male Female
5. Nationality _____
6. Place of Birth (city/mun, prov, country) _____
7. Present Address
Unit/ Building Name _____ Lot/Block No. Street #/ Street Name _____ Barangay/Subdivision _____
City/Municipality _____ Province _____ Country _____
8. 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 _____
9. Contact Number (preferably mobile) _____
10. Email _____

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

Allianz PNB Life Insurance, Inc.

9th Floor, PNB Makati Center, 6754 Ayala Avenue corner Legaspi St., Makati City, Philippines
Tel. No. (632) 8818-LIFE (5433) / TIN 204-145-589-000



Allianz PNB Life Insurance, Inc.