

APPLICANT OWNER (BUSINESS) INFORMATION

Please print clearly and completely blacken the circle. If possible, use black ink.

To be filled out if the Applicant Owner is Corporate/Juridical Entity (see documentary requirements at the back)

1. Company Name/Business Name _____

2. Relationship to Proposed Insured _____

3. Nature of Business _____

4. Date of Registration (mm/dd/yyyy) _____

5. Place of Registration (city/mun, prov, country) _____

6. SSS or GSIS No. _____ 7. TIN _____

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

9. Contact Person (last name, first name, middle name) _____

10. Designation _____

11. Company/Business Address

Unit/ Building Name: _____

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

Barangay/Subdivision: _____

City/Municipality _____ Province _____

Country _____ Zip Code _____

12. Contact Information (Please provide us accessible contact details for future/any communications)

Work Telephone Number _____

Mobile Number _____

Email _____

13. Are you a¹ U.S. Person¹ (see FATCA's definition below)? Yes No

(If YES, fill up the Consent and Waiver Form and W-9. For sole proprietorship, indicate your U.S. Social Security System. For Corporation, indicate your U.S. Employer Identification No. If you are deemed as "U.S. Person" but you certified as not, fill out the W-8BEN- E form to certify that you are a non-U.S. person.)

¹AU.S. Person as defined in the FATCA means:

- An individual or an Entity
- A U.S. citizen (including dual citizenship)
- Holds a U.S. Passport
- A resident of the U.S.
- Was born in the U.S.
- A U.S. Permanent Resident Cardholder
- A partnership, corporation or association created or organized in the U.S. or under laws of the U.S.
- A person who has substantial presence in the U.S. ("Substantial presence" is defined as more than 31 days in the current calendar year or a total of 183 days over the previous three years from the current tax year.)
- As evidence by "Indicia" of the U.S. account (U.S. citizen; U.S. place of birth; U.S. Tel. No.; Standing instruction to pay amounts to an authority maintained in the U.S. or to transfer funds to an account maintained in the U.S. or directions received from a U.S. address; Current power of Attorney or signatory granted to a person with a U.S. address, a "in care of" or an "hold mail" address that is the sole address identified for the account).

14. Directors, Partners, Trustee and/or Senior Officers (please use additional sheet, if necessary)

NAME (last name, first name, middle name)	NATIONALITY	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Parent Company/Capital Stockholders w/ at least 2% share of stock (please use additional sheet, if necessary)

NAME (last name, first name, middle name)	NATIONALITY	PERCENTAGE OF STOCKS OWNED
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Beneficial Owners, if any (please use additional sheet, if necessary)

NAME (last name, first name, middle name)	NATIONALITY	PERCENTAGE OF STOCKS OWNED
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Substantial U.S. Owners (please use additional sheet, if necessary)

Substantial U.S. Owner of a corporation refers to any specified U.S. person which owns directly or indirectly more than 10% of the stock of such corporation while Substantial U.S. Owner of a Partnership refers to any specified U.S. Person which owns directly or indirectly more than 10% of the profits, interest, or capital interest in such partnership.

NAME (last name, first name, middle name)	U.S. PERMANENT ADDRESS	U.S. TIN/SSS #
_____	_____	_____
_____	_____	_____

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 form.

Signature over Printed Name of Intermediary

Code

Signature over Printed Name of Applicant Owner

Date (mm/dd/yyyy)

Place

Documentary Requirements if Applicant Owner is Corporate/Juridical Entity

FOR CORPORATION

- SEC Registration
- Date (mm/dd/yyyy)
- Place
- Articles of Incorporation and By-Laws
- General Information Sheet
- Notarized Board Resolutions and signed application forms authorizing the opening of account or transaction together with specimen signatures*
- Secretary's Certificate as to the Authorized Signatory
- Acceptable ID of the signatory/ies

FOR PARTNERSHIP

- Articles of Partnership with Certificate of Registration with the Securities and Exchange Commission (SEC)
- Partnership Resolution/Authorized Signatories*

FOR SOLE PROPRIETORSHIP

- DTI Certificate of Registration
- Valid ID of the Owner

FOR COOPERATIVE

- Certificate of Registration issued by Cooperative Development Authority (CDA)
- Articles of Cooperation
- General Information Sheet/List of Directors and Officers
- Notarized Resolution/Authorized Signatories

NOTE: * Authorized signatories need to present their valid ID/acceptable ID to the Intermediary and the duly accomplished specimen signature card.