

To be accomplished by the Financial Advisor (FA) when any of the following is present:  
 1) the application has modal premium amounting to at least: PhP 500K/USD 10K (regular pay) or PhP 5M/USD 100K (single pay) OR 2) the Applicant Owner doesn't speak nor understand English.

## BANCASSURANCE SALES CHECKLIST FORM

For Application # \_\_\_\_\_

<b>Applicant Owner (Last Name, First Name, Middle Name)</b>		<b>Proposed Insured (Last Name, First Name, Middle Name)</b>	
Client Type (Applicant Owner) <input type="checkbox"/> Bank Client <input type="checkbox"/> Non-Bank Client		Client Type (Proposed Insured) <input type="checkbox"/> Bank Client <input type="checkbox"/> Non-Bank Client	
Client Status (Applicant Owner) <input type="checkbox"/> New Client <input type="checkbox"/> Existing PO / PI		Client Status (Proposed Insured) <input type="checkbox"/> New client <input type="checkbox"/> Existing PO / PI	
<b>Financial Advisor (Last Name, First Name, Middle Name)</b>			Intm #
<b>Bank Referror (Last Name, First Name, Middle Name)</b>		Referror's ID #	Referror's Mobile #
Branch of Referror		Signature of the Referror to confirm this referral	

### ATTESTATION OF THE FINANCIAL ADVISOR (FA)

During my discussion with the above named Applicant Owner, this is to certify that:

- I have personally explained the product features and its benefits to the Applicant Owner through [face-to-face/virtual] selling process.
- I have explained to the Applicant Owner in detail the results of the IRPQ as well as the investment risk of his/her chosen fund, the Sales Illustration (see attached), and the Financial Needs Analysis.
- I have truly and accurately recorded all information provided by the Applicant Owner in the Application Form under Applicant Owner's express consent and instruction.
- I have performed the Customer Due Diligence/Know-Your-Customer procedures as required under Anti-Money Laundering Act, as amended and related laws and have verified the identity of the Proposed Insured and/or the Applicant Owner based on the identification documents presented.
- I am executing this form because:

- the application has modal premium amounting to at least: PhP500K/USD10K (regular pay); OR
- the application has modal premium amounting to at least: PhP5M/USD100K (single pay); OR
- the Applicant Owner does not understand nor speak English but I have explained the product features, its benefits and terms and conditions written and expressed in the English language.

[FINANCIAL ADVISOR]  
 Signature over Printed Name  
 Date Signed: \_\_\_\_\_

### ATTESTATION OF THE APPLICANT OWNER

I have discussed with the above named Financial Advisor through [face-to-face/virtual] selling process and attest and certify the following:

- That I intend to secure an insurance policy through the Financial Advisor who explained the features of the product and its benefits, illustrations, of the plan including applicable riders to me.
- 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 Financial Advisor to fill out the details of the Application Form on my behalf.
- That the Applicant Owner and Proposed Insured are currently in the Philippines and agree to be bound by the declarations in the said Application Form.
- I understand the product features, its benefits, and terms and conditions written and expressed in English language. If I do not speak nor understand English, it is my duty to retain the services of a translator I trust who will explain to me all communications relating to this insurance policy.
- I understand that **Allianz PNB Life Insurance, Inc.** shall communicate with me using the mobile number \_\_\_\_\_ and/or email address \_\_\_\_\_. I have provided in the application form. Policy contracts, official receipts and other similar documents will also be sent in electronic format, if available. If there is any change in the contact details, I shall inform **Allianz PNB Life Insurance, Inc.**

#### **Applicable only for UL Products:**

- That I fully understand that I will assume all investment risks associated with this Policy.
- That I confirm that I have signified my consent and acknowledgement as needed in the Sales Illustration, Acknowledgement of Variability, and the Acknowledgement of Guaranteed Acceptance Program (if applicable) and that these shall form part of the insurance contract once issued.

[APPLICANT OWNER]  
 Signature over Printed Name  
 Date Signed: \_\_\_\_\_