

AGENT'S CONFIDENTIAL REPORT

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

INFORMATION ON THE PROPOSED INSURED/APPLICANT OWNER

1. Are you aware of any factor (health or otherwise) which is not evident from the application and which could affect the evaluation of this application? (If yes, please provide details) _____ Yes No
2. What is the purpose of this insurance? Income Continuation Estate Creation Mortgage Keyman Insurance
 Others _____
3. What is the annual household income during the past year of the Applicant Owner and Proposed Insured?
Applicant Owner _____ Proposed Insured _____
Household Income _____
4. In the past 5 years, has the Proposed Insured:
 - a) Been a member of the military or police or any militant or paramilitary organization? (If yes, please indicate rank and position) _____ Yes No
 - b) Been active in politics as a candidate or leader? (If yes, please indicate rank and position) _____ Yes No

REMINDER: If the answer to any of the questions above is "Yes", please provide details at the back page.

HIGH RISK CLIENTS

5. Is the Proposed Insured, Applicant Owner Or Beneficiary
 - a) a Politically Exposed Person (PEP) or an immediate family member or a close associate of politically exposed person? Yes No
 - b) a remittance agent, money changer or foreign exchange dealer? Yes No
 - c) a Non-Governmental Organization (NGO), Non-Profit Organization (NPO) or Foundation? Yes No
 - d) connected with a casino and related gaming entities? Yes No
 - e) a Customs broker? Yes No
 - f) a jewel/gem/precious metal dealer? Yes No
 - g) a gun/ammunition/military equipment dealer? Yes No

REMINDER: If the answer to any of the High Risk Clients questions is "Yes", conduct the Enhanced Due Diligence (EDD) process. Fill out the corresponding EDD Form.

INTERMEDIARY'S CERTIFICATION / SIGNATURE

I certify that I have truly and accurately recorded all information, have seen the original proofs of identification and affirm that the photocopies attached to the application are faithful reproductions of the originals, and have issued and given Applicant Owner a Provisional Receipt for the amount of payment that accompanies the application.

I have personally presented and explained the product and its benefits, have verified the identity of the Proposed Insured and/or Applicant Owner against the identification documents presented and have interviewed them before the application is submitted.

Intermediary _____
NAME (last name, first name, middle name) _____ Signature _____ Date (mm/dd/yyyy) _____

REFERROR & BRANCH DETAILS

Referror (last name, first name, middle name) _____
Referror's ID No. _____ Bank _____
Branch Name _____

FDAS-NBOS-FRM-ACR-2017-08

Allianz PNB Life Insurance, Inc.

9th Floor, Allied Bank Center, 6754 Ayala Avenue corner Legaspi St., Makati City, Philippines
Tel. No. (63 2) 818-LIFE (5433) / TIN 204-145-589-000



DETAILS OF ALL "YES" ANSWERS