

APPLICANT OWNER (AO) INFORMATION

(Fill out only if Applicant Owner/Payor is different from Proposed Insured)

Application No. _____

Beneficial owner refers to an individual who ultimately owns or controls the Applicant Owner and/or on whose behalf a transaction is being conducted. If the Beneficial Owner/s is/are other than the Applicant Owner, please fill-out the **Beneficial Owner Supplementary form**.

NOTE: If the Applicant Owner is a Corporate/Juridical Entity, please fill out a separate "Applicant Owner (Business) Information" form instead.

1. Name (last name, first name, middle name) _____

Other Legal Name (last name, first name, middle name) _____

2. Relationship to Proposed Insured _____

3. Date of Birth (mm/dd/yyyy) _____ / _____ / _____ 4. Gender Male Female

***(To be filled out if Proposed Insured is same as applicant owner. For YES, fill out the W-9 Form and the Consent and Waiver Form. Fill out the W-8 BEN form to certify that you are a non-U.S. person, If deemed as a non "U.S. Person")**

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

6. Civil Status Single Widowed Annulled Married Separated Divorced

7. Nationality _____ 8. Are you an U.S. Person? Yes No

9. Mobile Number _____ 10. Email _____

11. Preferred Mailing Address Present Work

12. Present Address

Unit/ Building Name _____ Lot/Block No. Street #/ Street Name _____ Barangay/Subdivision _____
City/Municipality _____ Province _____ Country _____

13. 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 _____

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

15. Are/have you or any of your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources (b) a foreign State; or (c) an international organization? Yes No

16. Contingent Owner upon death of applicant owner (last name, first name, middle name) _____

17. Date of Birth Contingent Owner (mm/dd/yyyy) _____ / _____ / _____

18. Relationship of Contingent Owner to Proposed Insured _____

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 Non-med form.

Signature over Printed Name of Intermediary

Code

Signature over Printed Name of Applicant Owner

Date (mm/dd/yyyy)

Place