



Allianz Journey

User Guide

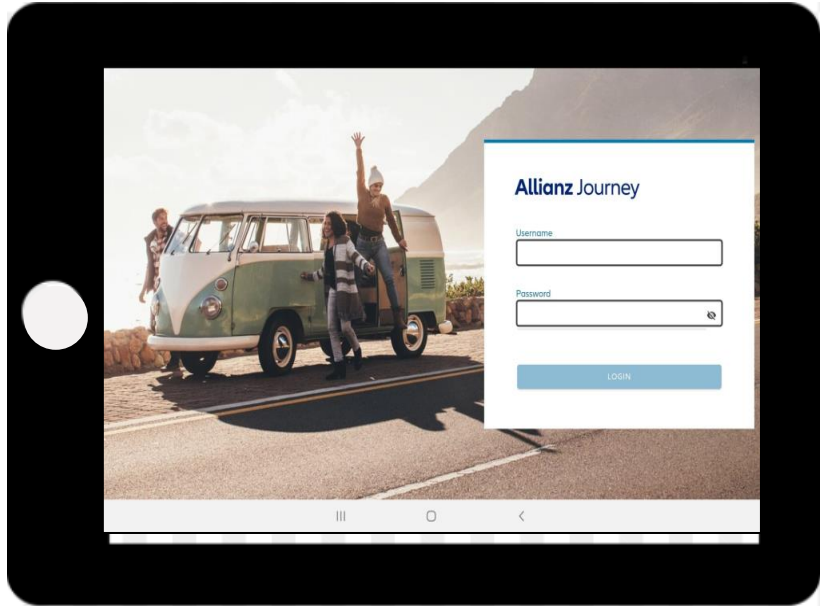
Bancassurance

Version 1.0_20Nov2020



WHY USE ALLIANZ JOURNEY?

Because it makes selling easy as **1-2-3!**



1

End to End Sales Tool (SIMPLE)

Journey is a presentation tool, proposal generator, application form, and submission checklist all in one!



2

Paper-less & Hassle Free Sales Process (EASY)

Not enough application forms? No xerox machine / scanner accessible? Worried that the file size of your scanned applications are too heavy to send over email?

Let Journey ease your worries and fears by enabling you to sell paper-free, anywhere, anytime!



3

Faster processing (FAST)

Enjoy priority processing when you submit an eApp via Journey! Same day approval for clean applications! 😊

PREPARING TO USE JOURNEY





PREPARING TO USE JOURNEY (FIRST TIME USERS)

1 Be (Android) Tablet-Ready!



GRABTAB V3.0
NEW LOAN PLAN & REQUIREMENTS

We heard you!

Get to purchase your tablet with the additional loan plan of **PHP 15,000!**

There are three (3) amount options: PHP 15,000, PHP 25,000 and PHP 50,000.

Choose your preferred loan scheme based on the available terms.

WHAT ARE THE ELIGIBLE TABLETS THAT I CAN BUY?

You can choose between **The Galaxy Tab S** or **Tab A Series**, as seen below:

Samsung **GALAXY Tab S** Series



- Galaxy Tab S7+ = PHP 63,990
- Galaxy Tab S7 = PHP 47,990
- Galaxy Tab S6 = PHP 47,990
- Galaxy Tab S6 Lite = PHP 26,990

Samsung **GALAXY Tab A** Series



- Galaxy Tab A7 = PHP 16,990
- Galaxy Tab A 10.1 = PHP 16,990

Disclaimer: The price of the tablets is based on the Samsung Philippines official website.

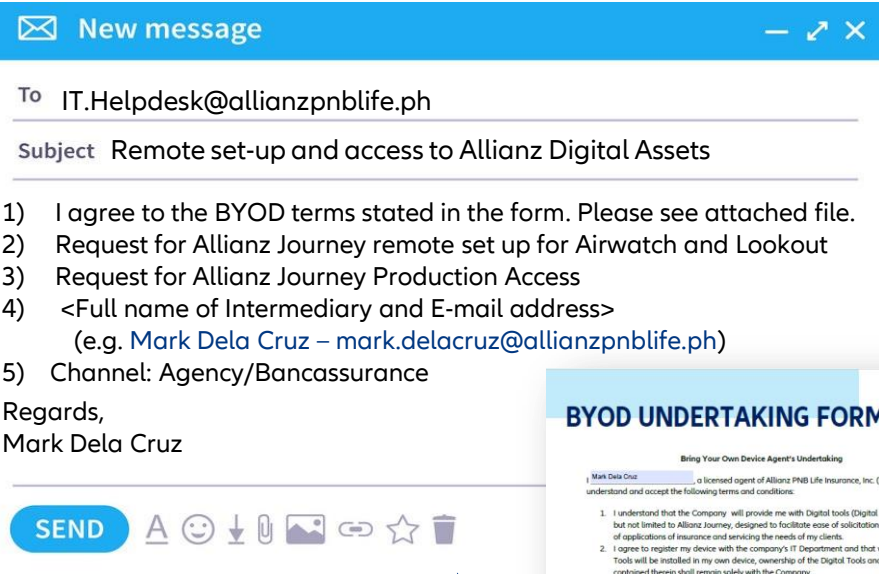
Minimum Tablet Specs:

- 3gb RAM
- 32GB Internal Memory
- 9inch screen
- Android 8 minimum

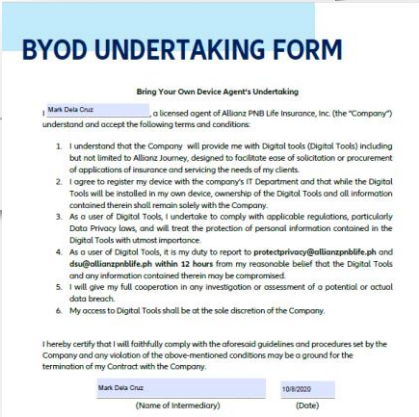


PREPARING TO USE JOURNEY (FIRST TIME USERS)

2 Sign the BYOD & Request for Installation



Sample preview of the BYOD Form



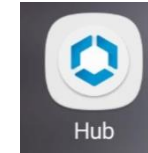
Have the intermediary fill out the BYOD Undertaking and email it to IT.Helpdesk@allianzpnblife.ph.

CC: AZJourneySupport@allianzpnbloife.ph

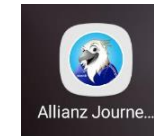


PREPARING TO USE JOURNEY (EXISTING USERS)

1. Double check to see that the AirWatch Hub is installed and working on your android tablet.



2. Uninstall **ALL** old versions of Journey / Agila on your device.



3. Ensure that you have access to a strong and stable internet connection.

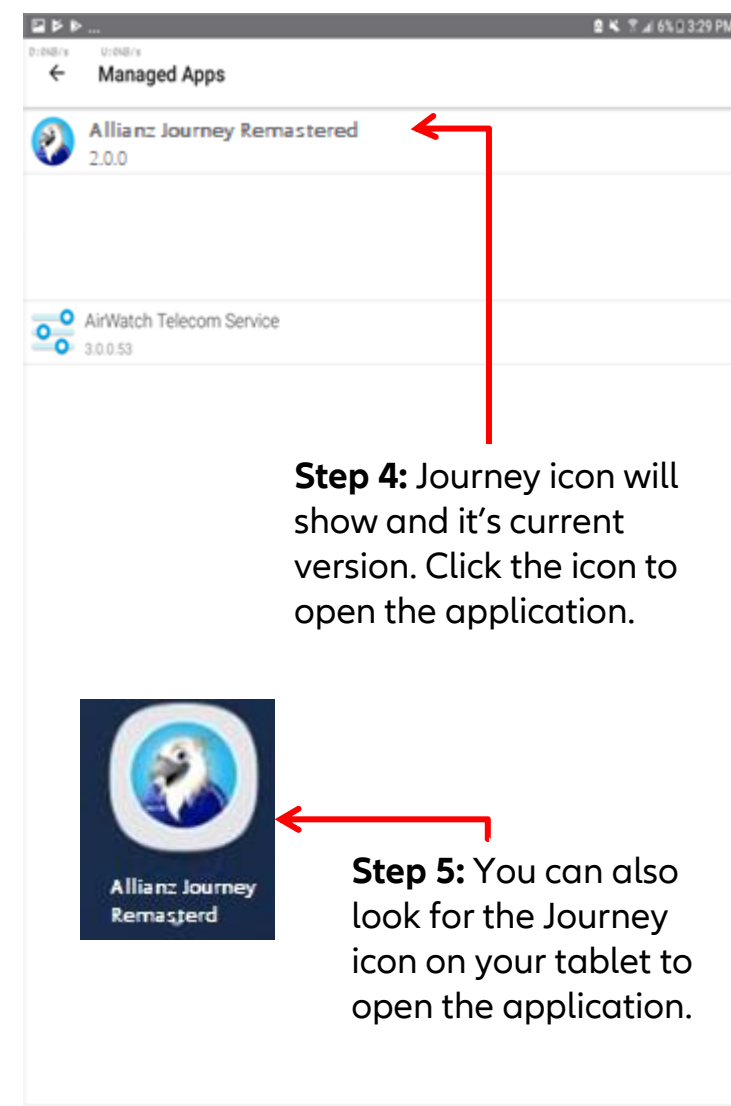
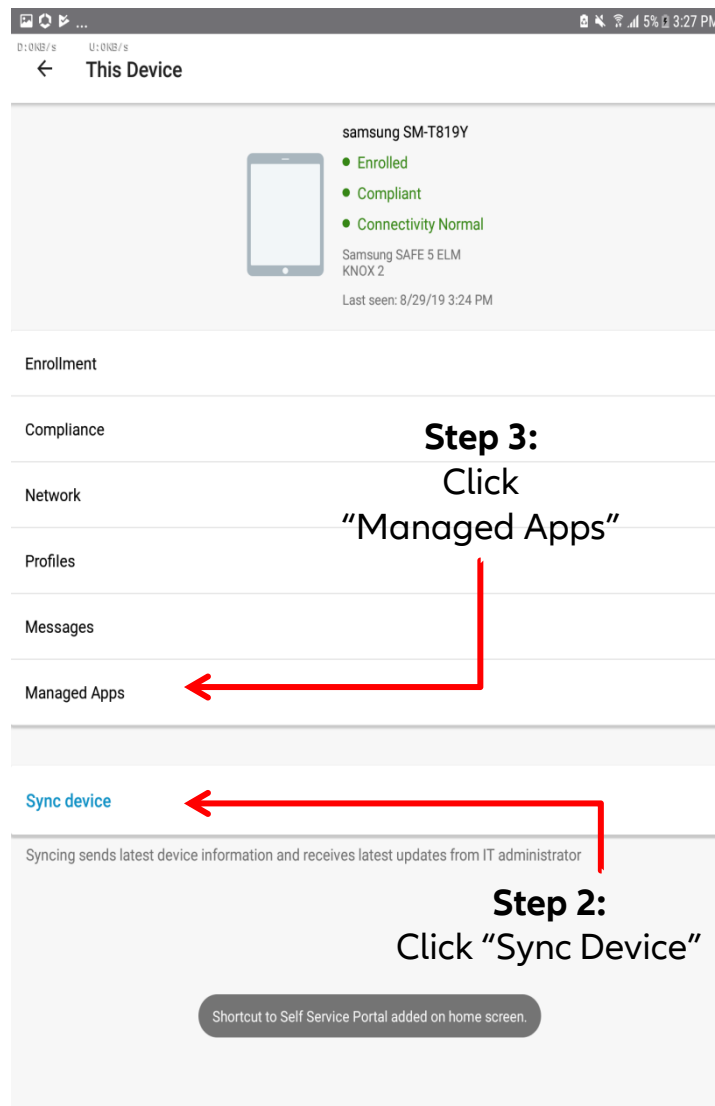
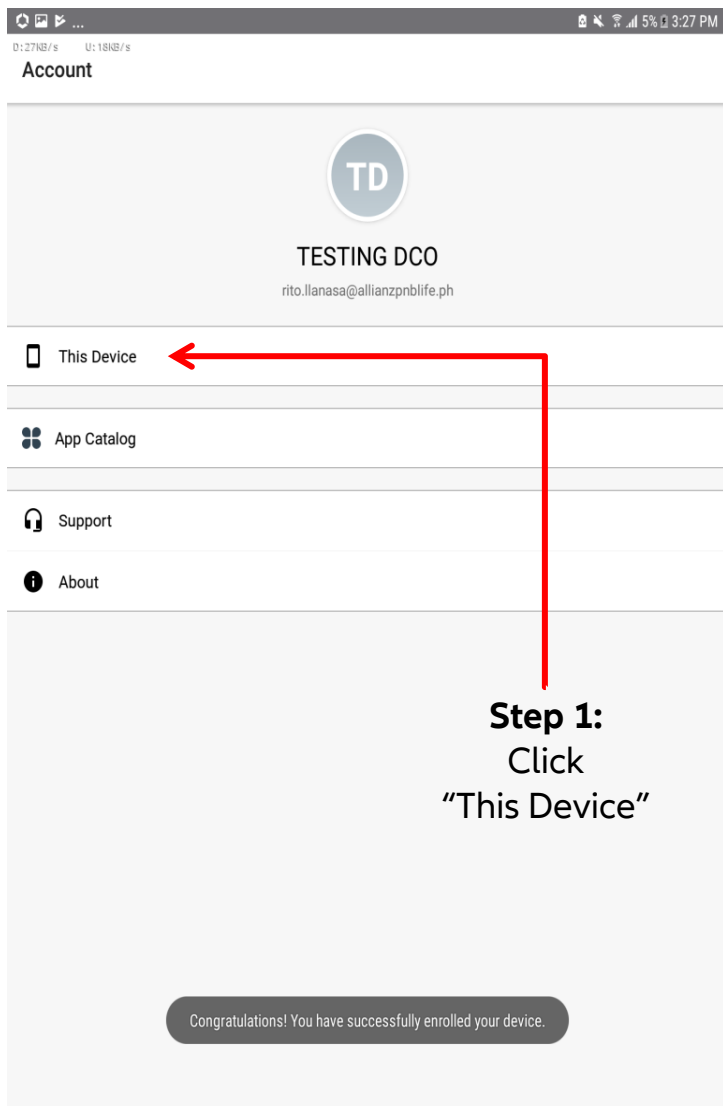


4. Ensure that the system date/time of your gadget is correct.





AIRWATCH INSTALLATION (EXISTING USERS)

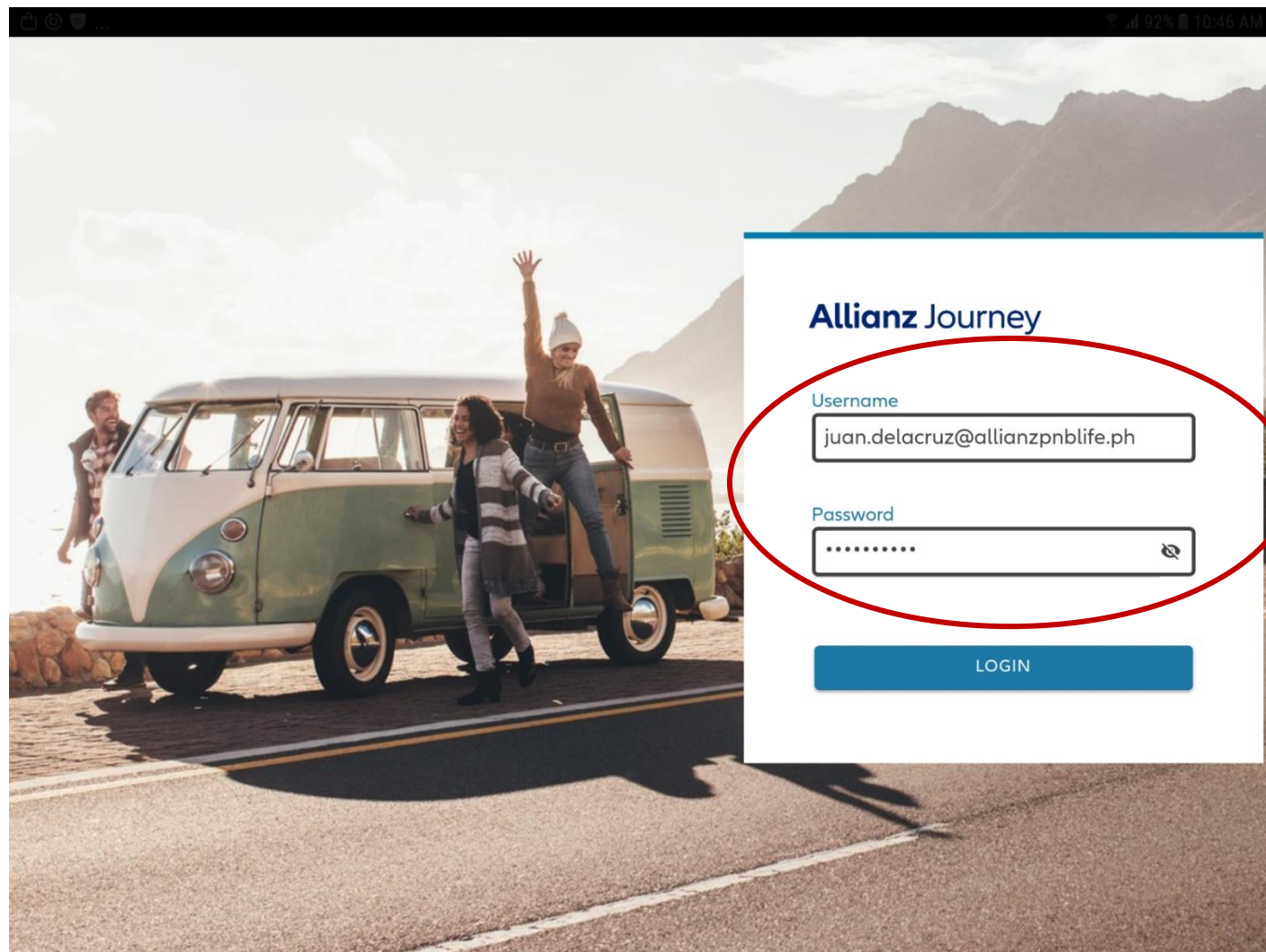


LOGGING IN





LOGIN SCREEN



Initial Log-in

- User name: <email address>
- Password: <email password>
- Should be done online with a stable and secure internet connection

Subsequent Log-in

- Online or Offline
- Offline login can be done for the next seven (7) days following the intermediary's last online login

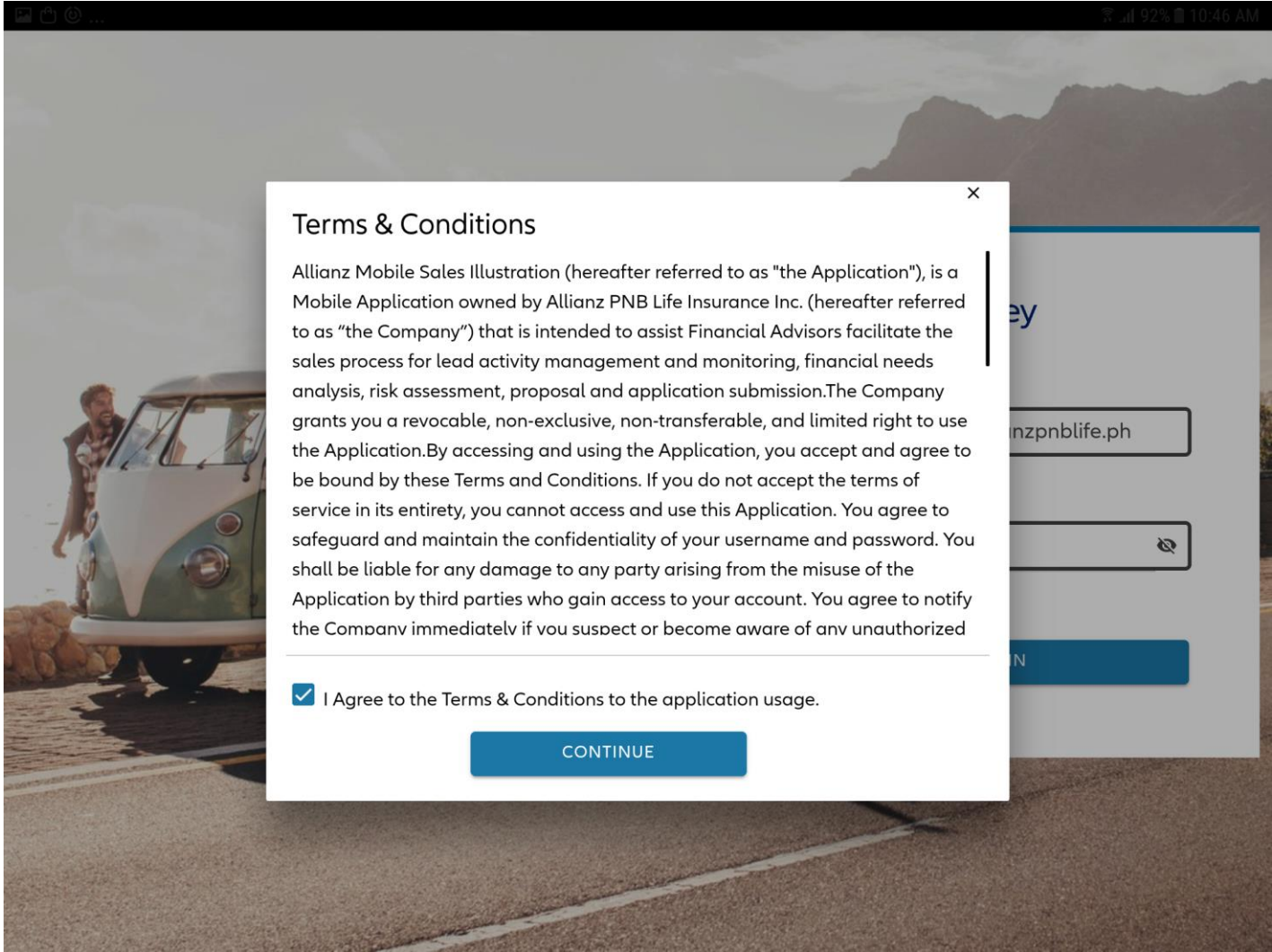


COMMON ERRORS ENCOUNTERED WHILE LOGGING IN

Error Message	Solution
You provided an invalid password . Please try again.	Please check and verify if the password that you entered is correct.
You provided an invalid username . Please try again.	Please check and verify if the username that you entered is correct.
Your account has been locked or disabled , please contact IT Helpdesk at (02) 555-4911 or IT.Helpdesk@allianzpnblife.ph for assistance.	Contact IT helpdesk to reactivate your account. To prevent this from happening please login regularly and make sure that you always put in the correct credentials.
Sorry, something went wrong with your login request. Please try again later.	This may happen if you are connected to an unstable network or there is heavy data traffic going on. Please restart the application and try to login again. If the error message persists please contact IT Helpdesk at (02) 555-4911 or IT.Helpdesk@allianzpnblife.ph for assistance
Sorry, something went wrong while logging in.	
Your certificate is invalid.	



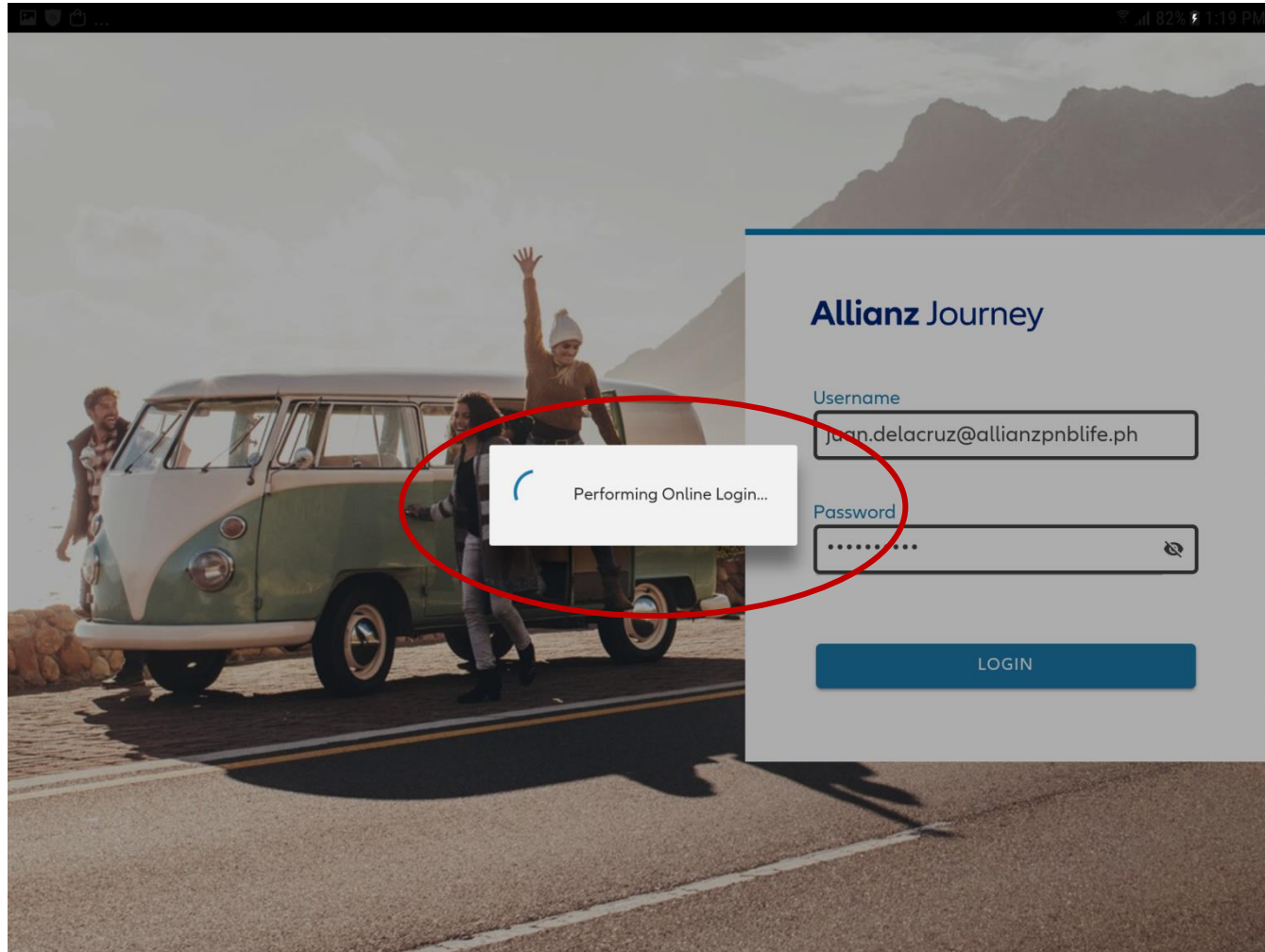
LOGIN SCREEN



- Terms & Conditions appear only during the first login on a freshly-installed Journey application.



LOGIN SCREEN



Online Login:

- Wait until the entire process is completed
- This ensures that all records in both your device and the company's database are updated (synced)

Offline Login:

- Can be done for the next 7 days following an online login
- Any data encoded offline will only be saved on your device.
- Records will be updated on the company's database on your next online login

LEADS





LEADS

My Leads

UPDATE RECORDS

Search

No results found.

+ CREATE LEAD

Click here

User can do the following:

- Search (by first / last name or creation date)
- Add lead

Create Lead

SYNC

To create a Lead, you only need to give the details below:

First Name *
Juana

Last Name *
Dela Cruz

Mobile Number *
09876543210

Email Address
juanadelacruz@gmail.com

CANCEL

CREATE LEAD

Fill-out mandatory fields then Click 'Create Lead'

"Create Lead" button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company's database



LEADS

← Create Lead UPDATE RECORDS

To create a Lead, you only need to give the details below:

First Name * Juana **Last Name *** Dela Cruz

Mob 0987 **Email** juanadela

Invalid Mobile Number Format Invalid Email Address Format

CANCEL CREATE LEAD

NEW FEATURE: Digital ID Syntax Validation

Incorrect format of the Mobile Number and Email Address will be checked automatically.

Make sure to input the email of your Lead so that you can send relevant forms generated throughout Journey (NA, SI, etc)



CREATE LEAD: BASIC INFORMATION

← Create Lead UPDATE RECORDS ⚙️ ↻

BASIC INFORMATION | NEED | REFERROR

1. Personal Information

First Name * Juana | **Middle Name** | **Last Name *** Dela Cruz

Date of Birth | **Age** 0 | No Middle Name | **Gender** MALE FEMALE

Mobile Number * 09876543210 | **Email Address** juanadelacruz@gmail.com | **Lead Status** New | **Civil Status**

Only items with marked with a **red asterisk (*)** are mandatory in creating a Lead.

2. Present Address

Unit/Building Name | **Lot/Block Number**

Street Name | **Barangay/Subdivision**

Country PHILIPPINES | **Province** | **City/Municipality** | **Zip Code**

3. Work Details

Occupation Class | **Occupation Group**

Monthly Income | **Household Monthly Income**

Unit/Building Name | **Lot/Block Number**

Street Name | **Barangay/Subdivision**

Country PHILIPPINES | **Province** | **City/Municipality** | **Zip Code**

[Click here](#) → [PROCEED TO NEED SECTION](#)



CREATE LEAD: IDENTIFY NEED

← Create Lead UPDATE RECORDS

BASIC INFORMATION NEED REFERROR

Savings and Investment: 1 Estate Planning: 2 Health: 0

Retirement: 3 Protection: 0 Education: 0

Note: Please drag the stars in order of priority. To remove, double tap the stars and drag to the correct circle.

PROCEED TO REFERROR SECTION Click here

NOTE: Estate Planning is still included here but will be removed in future releases of Journey

- Rank your client's NEED according to priority by assigning the appropriate star.
- Tap the placed star if you would like to move it to a different Need.
- For Bancassurance FAs, after placing all the stars, proceed to the Referror tab.



CREATE LEAD: DECLARE REFERROR (BANCASSURANCE ONLY)

- Enter the details of your referror in this page.
- Branch Code will automatically generate depending on the selected Branch Name.
- Tap the “Add Referror” button to add them to the list.

COMPLETE ← **Click here**

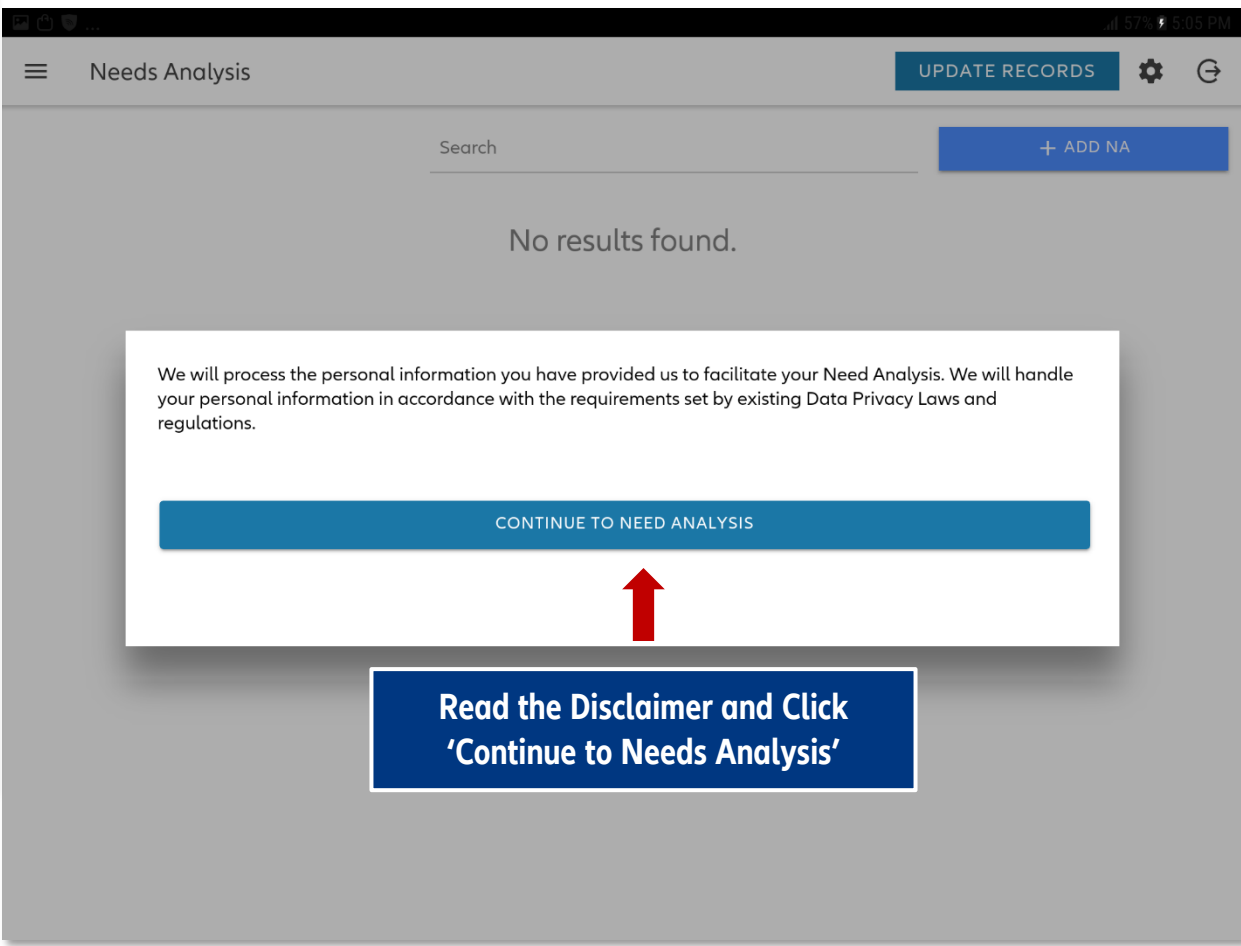
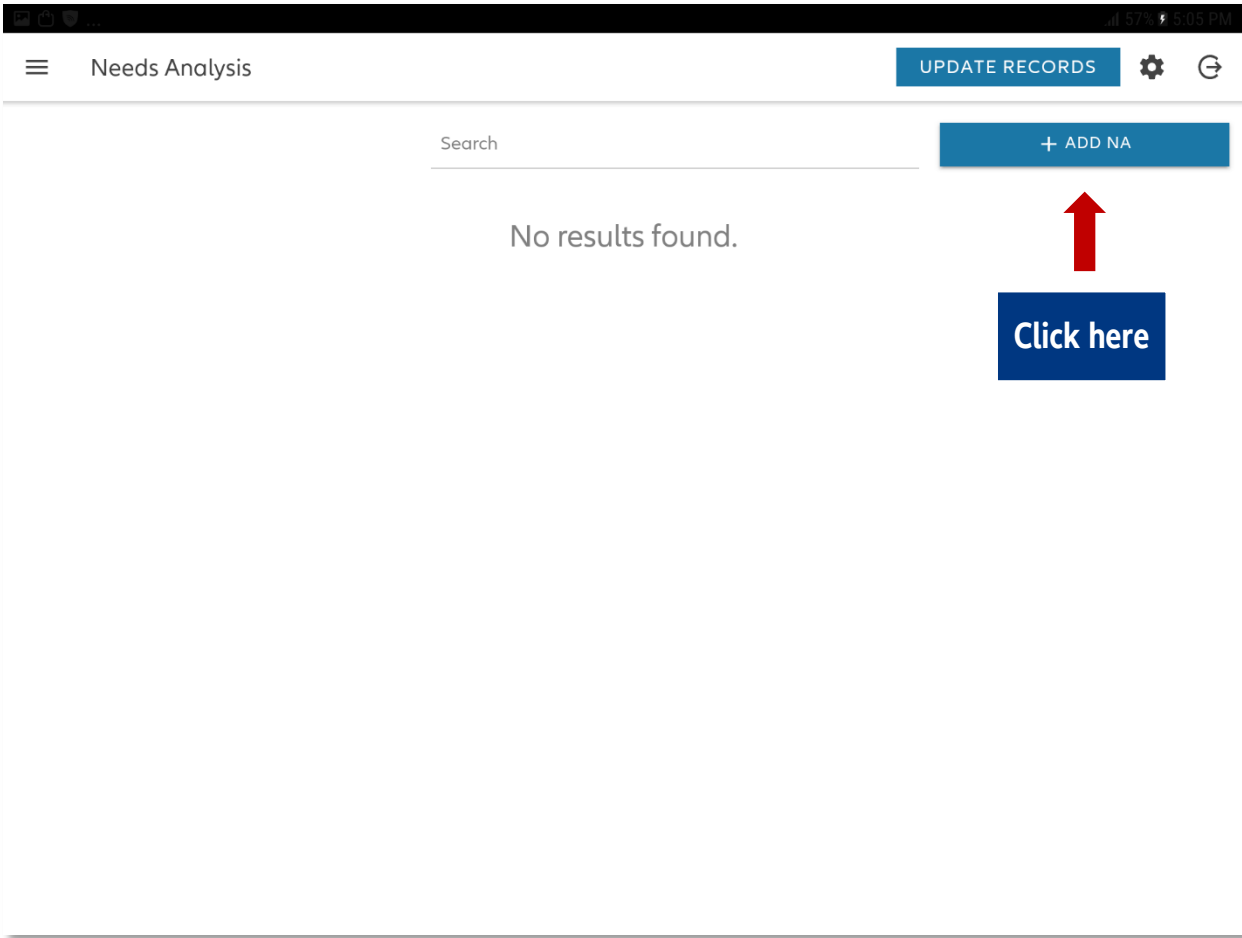
“COMPLETE” button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company’s database

NEEDS ANALYSIS





NEEDS ANALYSIS





CREATE NA: SELECT LEAD

The screenshot shows a mobile application interface. At the top, there is a header with a hamburger menu icon, the text 'Create NA', and a settings gear icon. Below the header is a sub-header with the S.P.H.E.R.E logo and a background image of a person. A white dialog box titled 'Select Lead' is centered on the screen. It contains a table with two columns: 'First Name' and 'Last Name'. The first row of data shows 'Juana' and 'Dela Cruz'. Below the dialog box is a 'Select By Need' section with six icons representing different financial needs: Savings & Investments (blue), Protection (orange), Health (yellow), Education (green), Retirement (red), and Estate Planning (purple).

First Name	Last Name
Juana	Dela Cruz



NOTE: Estate Planning is still included here but will be removed in future releases of Journey

CREATE NA: SPHERE

The screenshot shows the 'Create NA' application interface. At the top, there is a navigation bar with a hamburger menu, the text 'Create NA', and settings and refresh icons. Below this is a header with the 'S.P.H.E.R.E' logo. The main content area features a large, multi-colored sphere with a blue face. The blue face displays a large 'S' and the text 'Stands for Savings & Investment'. Below the sphere, there is a 'Select By Need' section with six icons: Savings & Investments (blue), Protection (orange), Health (yellow), Education (green), Retirement (red), and Estate Planning (purple). A red arrow points to the 'Savings & Investments' icon. The background of the sphere is a blurred image of a family playing soccer in a park.



CREATE NA: INFOGRAPHICS

← Create NA

Savings & Investments

What are you saving for?

Philipinos are saving less because of inflation, prices are rising so fast that it is difficult what Filipino households can set aside to reach their goals.

Did you know? In 2017, savings of Filipino households dropped from 38.8% to 35.6% because of **Inflation**.

INFLATION

A inflation goes bigger, your goals become smaller.

Safeguard your savings. Secure your Goals! Dare to Plan Your Future **NOW!**

I AM ALREADY AWARE OF MY NEED | NEXT

← Create NA

Protection

Which is your top priority?

What about you?

Family? Home? Car? Did your family protected?

Cars can be replaced and houses can be built again but **YOU** are **IRREPLACEABLE**.

Trivia 89% of Filipinos are afraid that their families won't financially survive if something happens to them.

Give your family the life they deserve, & the Peace of Mind that you need. Dare to Plan Your Future **NOW!**

I AM ALREADY AWARE OF MY NEED | NEXT

← Create NA

Health

How prepared are you if you get sick?

Current Health Expenditures

If the Inevitable Strikes? TOP 10 ILLNESSES

- Stroke
- Coronary Heart Disease
- Influenza and Pneumonia
- Lung disease
- Tuberculosis
- Diabetes
- Kidney Disease
- Hypertension
- Breast Cancer
- Asthma

54.2% of Filipinos do not have savings to cover medical expenses which leads to **FINANCIAL CRISIS**.

Secure uncertainties and allocate a separate fund for your health. Dare to Plan Your Future **NOW!**

I AM ALREADY AWARE OF MY NEED | NEXT

← Create NA

Education

Where do you want to send your kid to school?

Everyone dreams of their child graduating from the top universities. However, there are 2 hurdles that should be taken into consideration: **Inflation** and **tuition increase**.

UNIVERSITIES	2018	2021
University of the Philippines	₱ 20,000	₱ 22,072
Ateneo De Manila University	₱ 10,000	₱ 11,000
De La Salle University	₱ 10,000	₱ 11,000
University of Santo Tomas	₱ 10,000	₱ 11,000
FEU	₱ 10,000	₱ 11,000
UNLUS	₱ 10,000	₱ 11,000
Other Universities	₱ 2,000,000	₱ 2,211,045

Inflation rate & yearly tuition fee hike which would average to **10% per year**.

Beat the increase? Dare to Plan Your Future **NOW!**

I AM ALREADY AWARE OF MY NEED | NEXT

← Create NA

Retirement

How do you envision your retirement?

Relaxing by the beach, Traveling, Matting with grandchildren.

Today's Reality: **70%** of retirees aged 60 & up live with their **grown children** & **2/5s** are dependent on them.

Infact: 9 out of 10 Filipinos are **not ready** for retirement.

Do you want to be part of the **90%** or **10%**?

Retirement means **independence** & making the best of the rest of your life! Dare to Plan Your Future **NOW!**

I AM ALREADY AWARE OF MY NEED | NEXT

← Create NA

Estate Planning

Have you done your estate planning?

HOW WILL MY FAMILY PAY OUR ESTATE TAXES?

What is Estate Planning? Wealth Creation, Wealth Accumulation, Wealth Preservation, Wealth Distribution.

Estate Planning shouldn't be a burden.

You've done the whole process, leaving a legacy to your heirs shouldn't be a burden. Dare to Plan Your Future **NOW!**

I AM ALREADY AWARE OF MY NEED | NEXT



INFOGRAPHICS: SAVINGS & INVESTMENTS

← Create NA

Savings & Investments

What are you saving for?

Short-Term Goal: **TRAVEL**

Mid-Term Goal: **CAR**

Long-Term Goal: **HOUSE**

Filipinos are saving less because of inflation, prices are rising so fast that it is affecting what Filipino households can set aside to save.

As inflation grows bigger your goals become smaller.

INFLATION

Did you know? that in 2017 savings of Filipino households dropped from 36.8% to 35.6% reason: **Inflation**

Safeguard your savings, **Secure your Goals!**

Dare to Plan Your Future **NOW!**

Click here to proceed with the Needs Analysis Waiver → I AM ALREADY AWARE OF MY NEED NEXT ← Click "Next"

■ Infographics serve as a discussion guide for the intermediary

■ New Clients:
○ Click "Next" to proceed with the Needs Analysis

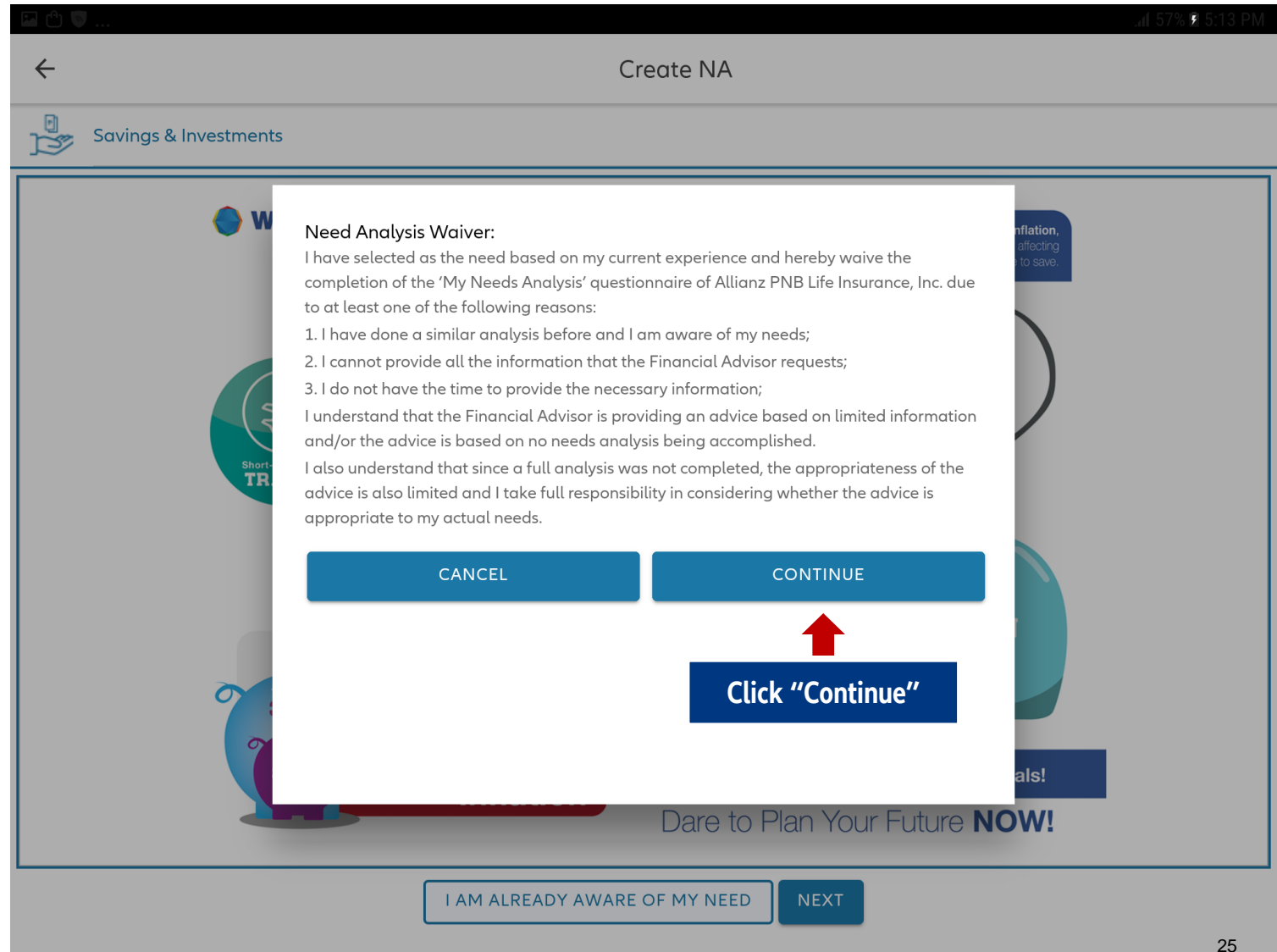
■ Existing Clients:
○ Can create a new NA; OR
○ Click "I am already aware of my need" to waive the Needs Analysis

**The Needs Analysis Waiver is used when the intermediary has previously conducted a NA with the client AND the client's need has not changed.*



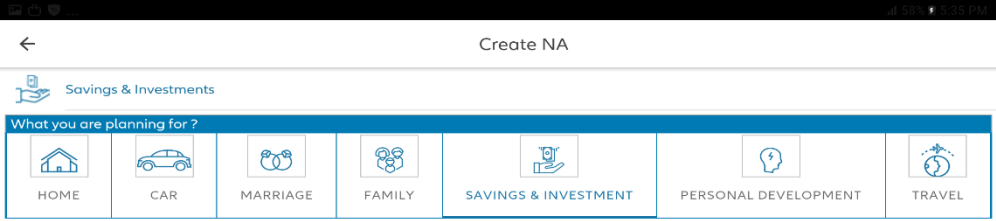
NEEDS ANALYSIS WAIVER

- When user clicks “Continue”, NA will be tagged as COMPLETED user may now proceed with IRPQ/SI
- Need Analysis Waiver is valid 1 year after completion date





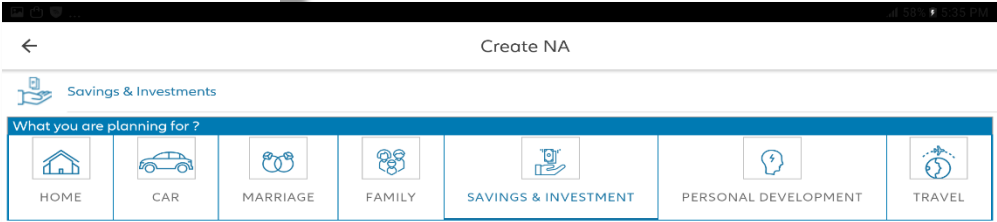
CREATE NA: SAVINGS & INVESTMENTS



1. How much is it today?

PHP 5,000,000

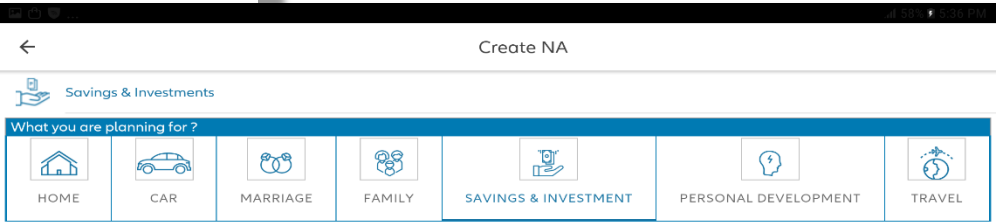
NEXT



2. When do you want to achieve your goal?

- 10 +

PREVIOUS **NEXT**



3. How much have you saved so far?

PHP 250,000

PREVIOUS **CALCULATE**

"CALCULATE" button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company's database

Click "Calculate"



VIEW NEEDS ANALYSIS

View NA

Savings & Investments

Name: Juana Dela Cruz Generated Date: 28th September, 2020, 5:53:02 PM
 Gender: Contact Number: 09876543210

Goal : Savings & Investment

Value of your Goal Today: PHP5,000,000.00 Assumed Appreciation Rate: 5 %
 Years to Save: 10 Savings : PHP250,000.00

Goal Value in 10 Years

Current Goal Value	PHP	5,000,000.00
Future Goal Value	PHP	8,144,473.00
Savings	PHP	250,000.00
Savings Gap	PHP	7,894,473.00

Planning for Savings Gap

How much you need to set aside now? How much do you need to set aside annually ?

PHP 7,146,763.00 Interest Rates: 1% PHP 747,099.00

- Users may **EDIT** or **DELETE** the **Needs Analysis**




VIEW NEEDS ANALYSIS

View NA

Goal Value in 10 Years


Current Goal Value	PHP	5,000,000.00
Future Goal Value	PHP	8,144,473.00
Savings	PHP	250,000.00
Savings Gap	PHP	7,894,473.00

Planning for Savings Gap

How much you need to set aside now?	 Interest Rates: 1%	How much do you need to set aside annually ?
PHP 7,146,763.00		PHP 747,099.00

Our products that will help achieve your goal

Unit Linked DIVERSIFY, AZPIRE_GROWTH, MAXIMAL, OPTIMAL, OPTIMAX, OPTIMUM	Traditional
---	-------------

EMAIL NA CREATE IRPQ  **Click here**

- Needs Analysis is **valid 1 year** after completion date
- **TRAD PLAN:** Directly proceed to the Sales Illustration Module (access SI page thru side menu on Journey app)
- **VARIABLE PLAN:** Click '**Create IRPQ**'

IRPQ:

DETERMINING INVESTMENT STYLE





IRPQ

IRPQ LIST

UPDATE RECORDS

Search

+ CREATE IRPQ

Hbbghv, Fhtfht

Status: SUBMITTED
Created Date: 28th September, 2020, 2:36:54 PM
Last Updated: 28th September, 2020, 2:38:21 PM

Eddie, Edd

Status: SUBMITTED
Created Date: 28th September, 2020, 11:51:06 AM
Last Updated: 28th September, 2020, 12:12:32 PM

Payb, Try

Status: SIGNED
Created Date: 28th September, 2020, 9:56:08 AM
Last Updated: 28th September, 2020, 9:56:08 AM

Egg, Edd

Status: SUBMITTED
Created Date: 25th September, 2020, 3:26:01 PM
Last Updated: 25th September, 2020, 3:28:02 PM

Optimum, New

Status: SUBMITTED
Created Date: 25th September, 2020, 3:05:26 PM
Last Updated: 25th September, 2020, 3:06:33 PM

Bucket, Optimax

Status: ATTACHED
Created Date: 25th September, 2020, 2:48:16 PM
Last Updated: 25th September, 2020, 2:49:33 PM

Optimum, Ao

Status: SIGNED
Created Date: 25th September, 2020, 1:27:41 PM
Last Updated: 25th September, 2020, 1:29:21 PM

Ratched, Mildred

Status: ATTACHED
Created Date: 25th September, 2020, 1:11:30 PM
Last Updated: 25th September, 2020, 1:13:37 PM

Run, Smokey

Status: SUBMITTED
Created Date: 23rd September, 2020, 3:23:56 PM
Last Updated: 23rd September, 2020, 4:48:14 PM

Click here

IRPQ LIST

UPDATE RECORDS

Search

+ CREATE IRPQ

Hbbghv, Fhtfht

Eddie, Edd

Payb, Try

Select Lead

First Name	Last Name
Juana	Dela Cruz
Fhtfht	Hbbghv
Test	Test
Edd	Eddie
Try	Payb
Edd	Egg
New	Optimum

Optimum, Ao

Ratched, Mildred

Run, Smokey



CREATE IRPQ: GENERAL INFORMATION

← Create IRPQ

GENERAL INFO YOUR PROFILE

Investor Risk Profile Questionnaire

This questionnaire helps you determine your personal investment style that goes along with your protection needs. There are no right or wrong answers. It measures your investment time frame, financial situation, priorities, and goals. This will translate your needs into an asset allocation designed to reach your financial goals over the long term. Please accomplish this together with your Allianz PNB Life's Intermediary who will answer any question you have and help you choose the appropriate investment to meet your financial needs.

As your personal circumstances change, we recommend that you repeat this on a yearly basis.

Approximate Network * Approximate Annual Income * Most Important Objective *

↓ ↓ Savings and Investment ↓

Please Select All that Apply	I Currently Have	I Used to Have
Life Insurance or Pre Need Plan	<input type="radio"/>	<input checked="" type="radio"/>
Corporate Bonds	<input type="radio"/>	<input type="radio"/>
Time Deposit (Local/ Foreign Currency)	<input type="radio"/>	<input type="radio"/>
Derivatives (Commodities/Futures/Options)	<input type="radio"/>	<input type="radio"/>
Mutual Fund / Trust Fund	<input type="radio"/>	<input type="radio"/>
Real Estate	<input type="radio"/>	<input type="radio"/>
Stocks	<input type="radio"/>	<input type="radio"/>
Your Own Business	<input type="radio"/>	<input type="radio"/>
Government Securities	<input type="radio"/>	<input type="radio"/>

NEXT

- Complete items in IRPQ to determine the risk appetite of the client

“NEXT” button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company's database



CREATE IRPQ: YOUR PROFILE

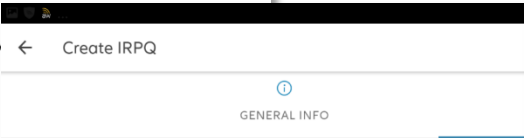


To complete this questionnaire, please choose the statement that best describes your situation by

1. How well do you know investments?*

- I am new to this and I have little knowledge in investment.
 - I have basic knowledge in investment from investment forums and other seminars.
 - I have personal experience of investing in the past.
 - I am currently invested and I am closely monitoring the market.
2. What is your goal in making this investment?*
- I am saving to acquire an asset within the next 7 years.
 - I am investing for the long term (more than 7 years) but I need to generate cash flow
 - I am investing for income and long term capital growth.
 - I am investing primarily for long term capital growth.

NEXT



To complete this questionnaire, please choose the statement that best describes your :

3. How long will you keep your money invested?*

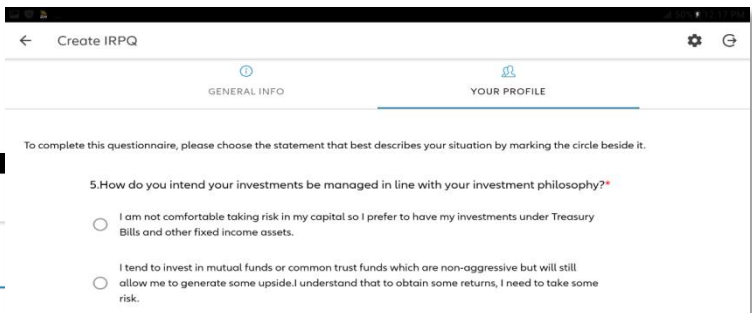
- In less than 7 years.
- Between 7 and 10 years.
- Between 11 and 20 years.
- More than 20 years.

4. Which of the following statement best describe your financial : current employment?*

- I need this investment to supplement my income.
- I don't expect to use this investment to meet current financial requi unexpected situation arise, I may need to access these funds.
- My financial situation is stable and I have sufficient cash flow to meet most of my requirements.
- My financial situation is completely stable and I can meet emergency requirements without withdrawing from these funds.

PREVIOUS

NEXT



To complete this questionnaire, please choose the statement that best describes your situation by marking the circle beside it.

5. How do you intend your investments be managed in line with your investment philosophy?*

- I am not comfortable taking risk in my capital so I prefer to have my investments under Treasury Bills and other fixed income assets.
- I tend to invest in mutual funds or common trust funds which are non-aggressive but will still allow me to generate some upside. I understand that to obtain some returns, I need to take some risk.
- I prefer to invest in investment instruments that are moderately aggressive and keep as my objective is long term appreciation. I understand that to generate greater ret with greater risk.
- I am inclined to invest in aggressive investment instruments as my goal is long-term understand the risk in investment and I have an aggressive investment philosophy.

6. Which of the following best describe your attitude towards the level of risk ar your investments?*

- I understand that the value of investment funds fluctuate daily and at varying degr feel more comfortable investing in funds that tend to generate a more stable return to-year, as opposed to funds that fluctuate widely.
- I am comfortable with the fact that the value of my investment might fluctuate daily that about half of my investment is invested in fixed income securities while the rest equities, which tend to be volatile.
- I am comfortable on the volatility of my investment as I seek more aggressive invest expect that in the long-term, the value of my investment will appreciate. Neverthele worry when the stock market drops significantly.
- I fully accept volatility and I seek more aggressive investments as I expect that in th this strategy will allow me to realize gains in my investment.

PREVIOUS

NEXT



To complete this questionnaire, please choose the statement that best describes your situation by marking the circle beside it.

7. How much of a temporary decline in the value of your investment could you tolerate?*

- No decline
- 5% to 10% decline
- 10% to 15% decline
- More than 15% decline

8. When are you planning to retire?*

- In less than 7 years
- In 7 to 10 years
- In 11 to 20 years
- More than 20 years

PREVIOUS

NEXT

Swipe or tap Next to proceed to the next page

"NEXT" buttons are SYNC points. If you are online, all info up to this point will be saved and sent to the company's database



VIEW IRPQ RESULTS

Results

RESULTS DECLARATION

Total Score : 18

Risk Averse
 You are most interested in protecting the value of your investment and you are satisfied with earnings from ordinary bank deposit products. Your investment horizon is short to moderate and you do not have tolerance for risk and volatility. You seek capital preservation.
 Total score: 11 or below
 Recommended allocation on equity investments: None

Conservative
 You are comfortable having your assets managed conservatively with an emphasis on the stability that comes from fixed income investments, while generating capital appreciation overtime. Your investment horizon is short to moderate and your tolerance towards risk and volatility is moderate. You seek capital preservation while achieving some growth on your investment.
 Total score: 12 to 19
 Recommended allocation on equity investments: Up to 20%

Moderate
 You are seeking long term capital appreciation and to a lesser extent, the stability that comes from fixed-income investments. You are most comfortable with relatively stable year-to-year returns but will accept some volatility as you understand that the capital growth you require cannot be achieved without some element of risk.
 Total score: 20 to 28
 Recommended allocation on equity investments: Between 20% to 50%

Growth - Oriented
 You are seeking long term capital appreciation with little or no requirement from additional income. You can tolerate greater year to year volatility, as well as some moderate to strong fluctuations in the capital value of your investment. You realize that overtime, equity markets usually outperforms other investments.
 Total score: 29 or more
 Recommended allocation on equity investments: At least 50%

Allianz PNB Life Insurance, Inc. is committed to respecting the privacy of your personal information in the accomplishment of this questionnaire. We gather this information strictly for your own use. We will not provide or sell any information contained herein to any third party. No sales person will call you unless you specifically request it. In order to maintain a current risk stance, the result of this questionnaire is valid for 1 year from the date of completion.

EDIT SUBMIT

- Total score will be automatically computed
- Click "Submit" to proceed with the Declaration form
- Click "Edit" if user wants to change details



IRPQ DECLARATION

← Results

RESULTS DECLARATION

I am signing below and declaring that:

This Investor Risk Profile Questionnaire (IRPQ) has been designed by Allianz PNB Life Insurance, Inc. as a guide to assess my risk appetite and investment objectives based on the answers that I provided;

I take full responsibility for my investment decision including the corresponding allocation even if such varies with the results of this questionnaire;

I am aware that Allianz PNB Life Insurance, Inc. makes no guarantee as to the accuracy or completeness of the results provided;

The Intermediary has explained to me in detail the result of this questionnaire and how to appreciate the resulting risk profile;

I authorize Allianz PNB Life Insurance, Inc. to use this information about me as necessary to the conduct of performing investment related services on my behalf.

EDIT I AGREE I AGREE & PROCEED TO SI

- Read and tick all the boxes for confirmation
- **IRPQ** is valid for 1 year after completion date

“I AGREE & PROCEED TO SI ” button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company’s database

Click to proceed SI creation

**SALES
ILLUSTRATION**





AVAILABLE PRODUCTS - BANCA

Product	Riders	Funds
Maximal	(PHP) / (USD) • ADD	(PHP) <ul style="list-style-type: none"> Balanced Fund Dynasty Equity Fund Equity Fund Fixed Income Fund Peso-Hedged Asian Multi-Income Plus Dividend Paying Fund Peso-Hedged Global Sustainability Equity Fund Money Market Fund Multi-Sector Equity Fund Peso Optimized Dividend Equity Fund (USD) <ul style="list-style-type: none"> Flexi Asia Bond Fund Flexi Asia Dividend Paying Bond Fund Fixed Income Fund Global Equity Fund Income and Growth Dividend Paying Fund Income and Growth Fund
Optimax	n/a	
Optimum	n/a	
Optimal Power	(PHP) / (USD) • ADD	



AVAILABLE PRODUCTS - BANCA

Product	Riders	Funds
Diversify	(PHP) / (USD) ADD	(PHP) <ul style="list-style-type: none"> Balanced Fund Dynasty Equity Fund Equity Fund Fixed Income Fund Peso-Hedged Global Sustainability Equity Fund Money Market Fund Multi-Sector Equity Fund Peso Optimized Dividend Equity Fund (USD) <ul style="list-style-type: none"> Flexi Asia Bond Fund Fixed Income Fund Global Equity Fund Income and Growth Fund
Azpire	CI 100* WPCI (05, 10, 20, 65)* *n/a under GAE	
Health Dynamics Series	(PHP) / (USD) CI 100 (mandatory)	



SALES ILLUSTRATION

The screenshot shows the 'Sales Illustration' application interface. At the top, there is a navigation bar with a menu icon, the text 'Sales Illustration', and buttons for 'UPDATE RECORDS', a settings gear, and a refresh icon. Below the navigation bar is a search bar and a prominent blue button labeled '+ CREATE SI'. A red arrow points from a blue box labeled 'Click here' to this button. The main area contains a grid of nine sales illustration cards, each with a client name, status, product, and creation/last update dates.

Client Name	Status	Product	Created Date	Last Updated
Hbbghv, Fhtft	IN-PROGRESS	OPTIMAX GOLD	28th September, 2020, 2:38:21 PM	28th September, 2020, 2:44:53 PM
Eddie, Edd	IN-PROGRESS	DIVERSIFY PESO VER. 2	28th September, 2020, 12:12:32 PM	28th September, 2020, 12:30:44 PM
Payb, Try	SIGNED	OPTIMUM GOLD	28th September, 2020, 9:56:49 AM	28th September, 2020, 10:00:47 AM
Egg, Edd	IN-PROGRESS	DIVERSIFY PESO VER. 2	25th September, 2020, 3:28:02 PM	25th September, 2020, 3:36:24 PM
Optimum, New	IN-PROGRESS	OPTIMUM GOLD	25th September, 2020, 3:06:33 PM	25th September, 2020, 3:12:23 PM
Bucket, Optimax	IN-PROGRESS	OPTIMAX GOLD	25th September, 2020, 2:49:33 PM	25th September, 2020, 3:01:40 PM
Optimum, Ao	SIGNED	OPTIMUM GOLD	25th September, 2020, 1:29:21 PM	
Ratched, Mildred	IN-PROGRESS	OPTIMAX GOLD	25th September, 2020, 1:13:37 PM	
Run, Smokeyy	IN-PROGRESS	OPTIMAX GOLD	23rd September, 2020, 4:48:13 PM	

- User must go to Menu and click 'Sales Illustration'
- Click 'Create SI' and select the name of the client

Pre-requisites:

- Completed Needs Analysis or Waiver
- Completed IRPQ (if Variable Life Plan)



CREATE SI: APPLICANT OWNER INFO

Create Sales Illustration UPDATE RECORDS

Applicant Owner Information

Is the Application Owner same as Proposed Insured? YES NO

First Name * Juana Middle Name Last Name * Dela Cruz

Date of Birth * September 29, 199... 26 Age No Middle Name Gender * MALE FEMALE

Occupation Class * ACCOUNTANT Occupation Group * ACCOUNTANT

Present Address

Unit/Building Name Unit A Lot/Block Number 311

Street Name Olongapo Street Barangay/Subdivision Baranggay 127

Country * PHILIPPINES Province * Metro Manila City/Municipality * Caloocan Zip Code * 1400

Work Address

Unit/Building Name White Tower Lot/Block Number 90

Street Name Ortigas Avenue Barangay/Subdivision Greenhills

Country * PHILIPPINES Province * Metro Manila City/Municipality * San Juan Zip Code * 400

PREVIOUS NEXT

Click 'Next'

- Fields will be auto-populated with data entered in previous screens.
- Click '**Next**' to proceed with product selection
- IMPORTANT NOTE:** Only PH & US addresses are allowed in the current version of AZ Journey
- Information encoded in this section (occupation, location) will determine whether the generated SI will be rated.

"NEXT " button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company's database



CREATE SI: SELECT PRODUCT

The screenshot displays a mobile application interface for selecting a product. At the top, there is a navigation bar with a back arrow, the title 'Select Product', and an 'UPDATE RECORDS' button. Below this, five product cards are arranged in a grid. Each card contains a title and a brief description of the product. A blue callout box with white text 'Tap on the Product card' is positioned over the 'Diversify' card. At the bottom of the screen, there is a navigation bar with six icons and their corresponding labels: Savings & Investment (highlighted), Protection, Health, Education, Retirement, and Estate Planning.

- Tap on the Product card, then customize the selected Product.



CREATE SI: CUSTOMIZE PRODUCT

← Customize Sales Illustration Product UPDATE RECORDS ⚙️ ↻

Customize Product:
DIVERSIFY PESO VER. 2

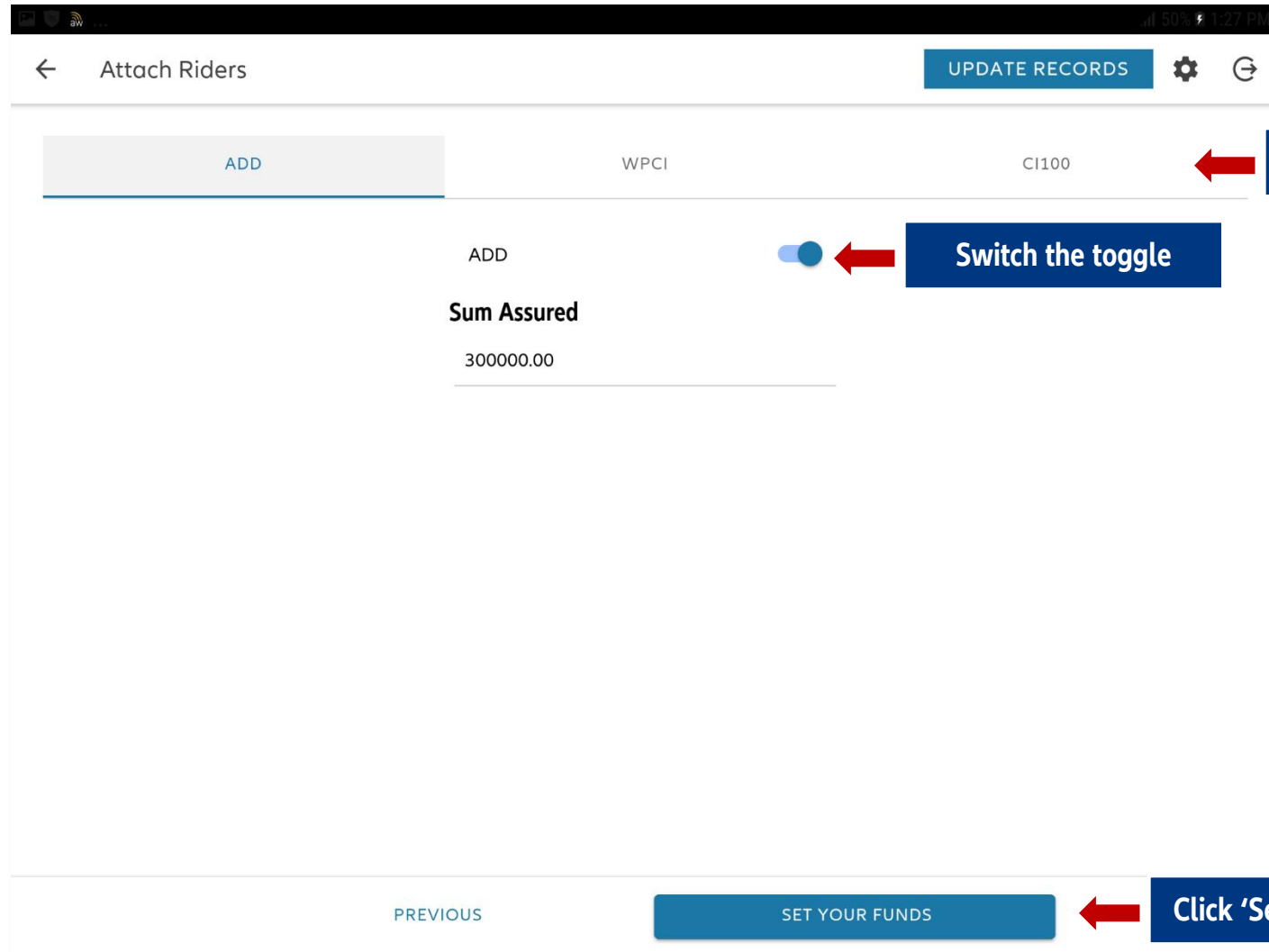
Product Type	<input type="radio"/> GAE <input checked="" type="radio"/> NON-GAE	Mode of Payment	Annual
Currency	<input type="radio"/> USD <input checked="" type="radio"/> PHP	Annual Premium	15000.00
Modal Premium	15000.00		
Basic Sum Assured	300000.00		
	Sum Assured Multiple	20	
Application Number	12345678		
Pay Years	5		
	Personal Objectives	Flexibility LDB	

PREVIOUS ATTACH RIDERS Click 'Attach Riders'

After customizing the selected product, tap the Attach Riders button.



CREATE SI: ATTACH RIDERS



Select Rider type

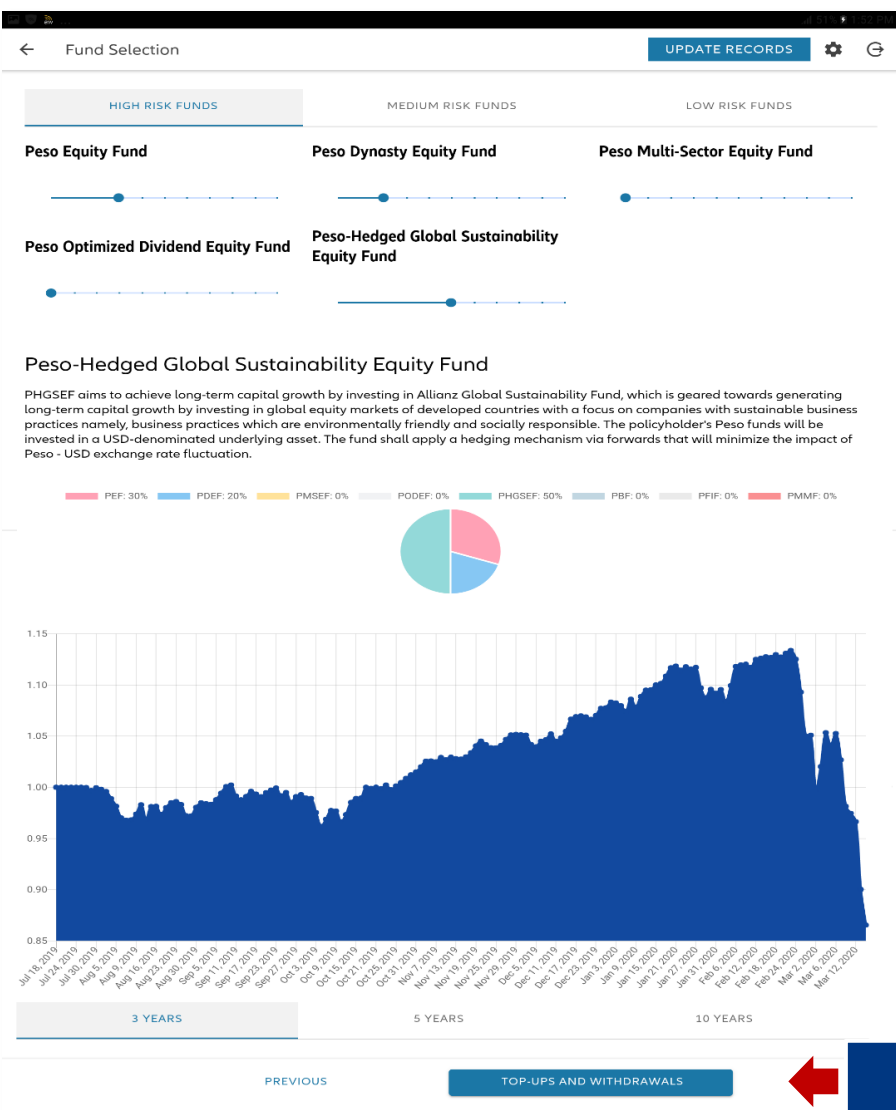
Switch the toggle

Click 'Set Your Funds'

- Select the Rider type by tapping on the tabs.
- Switch the toggle to add the selected Rider in the Product.
- After selecting the Rider/s, tap the Set Your Funds button.
- If there are no riders applicable for the product and/or AO/Insured, this page will not be visible



CREATE SI: FUND SELECTION



- Selection of funds will depend on the risk appetite of the client.
- Total premium direction must be a total of 100%

Click 'Top-Up and Withdrawals'



CREATE SI: TOP-UPS AND WITHDRAWALS

← Set Top Ups & Withdrawals UPDATE RECORDS ⚙️ ↻

Policy Year	Age	Top Ups	Withdrawals
0	26		

Your tendered Top-Up or Withdrawal will appear here.

Top-ups
0

Withdrawals
0

ADD DELETE

PREVIOUS SUMMARY ← Click here

- Enter the year and value for top-ups and partial withdrawals, if any.
- Click "Summary" to view product details and fund value projection.



VIEW SI SUMMARY

Summary page shows:

- Applicant owner's basic information
- Product details
- Fund value projection

Sales Illustration Summary

UPDATE RECORDS

EDIT DELETE

Applicant Owner

First Name Juana	Middle Name -	Last Name Dela Cruz
Date of Birth 1994-09-29	Age 26	Gender F
Occupation Classification ACCOUNTANT	Occupation Group ACCOUNTANT	
Home Address Caloocan 1400 Metro Manila PHILIPPINES	Work Address San Juan 400 Metro Manila PHILIPPINES	

Product

Plan Name DIVERSIFY PESO VER. 2	Underwriting Approach Non-GAE	Mode of Payment Annual
Modal Premium PHP 15,000	Annual Premium PHP 15,000	Basic Sum Assured PHP 300,000

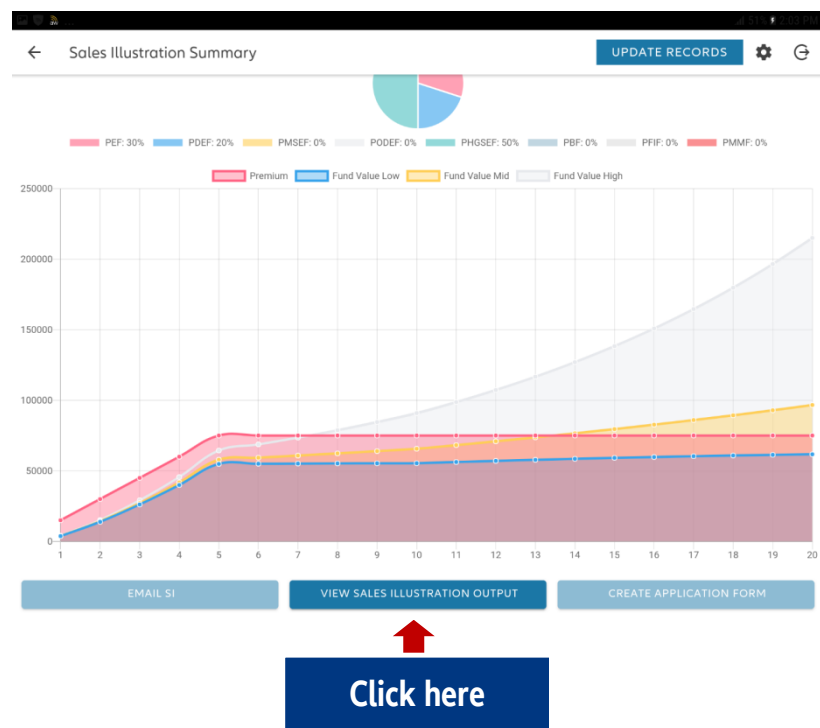
Death Benefit Option
-

Rider Benefits

Available Riders	Rider Sum Assured
Accidental Death and Dismemberment	PHP 300,000
5-Yr. Waiver of Premium due to CI and TPD	PHP 15,000

Funds Allocation

Peso Funds	Fund Direction
Peso Equity Fund	30%
Peso Dynasty Equity Fund	20%
Peso Multi-Sector Equity Fund	0%
Peso Optimized Dividend Equity Fund	0%
Peso-Hedged Global Sustainability Equity Fund	50%
Peso Balanced Fund	0%
Peso Fixed Income Fund	0%
Peso Money Market Fund	0%



“VIEW SI OUTPUT ” button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company’s database



SALES ILLUSTRATION

Delacruz, Juana -PHP-DIVERSIFY PESO VER. 2-09-29-2020-021104.pdf

An Insurance Proposal specially designed for:
 Insured: **DELA CRUZ, JUANA**
 Age 26, Female, Standard

Plan Information:
 Basic: **Diversify Peso Ver. 2**
A regular-pay, unit-linked life insurance plan

Maximum Years Payable: **74 Years**
 Death Benefit Option: **Level Death Benefit**
 Currency: **Philippine Peso**

Generated on 09/29/2020
 PROPOSAL REF. NO: SEF20RPF126-DEIMORTWF

PLAN SUMMARY

Type of Coverage	Basic Plan Annual Premium	Sum Assured	Fund	Allocation	FMC*
Diversify Peso Ver. 2	15,000.00	300,000.00	Peso Balanced Fund (PBF)	0.00%	1.75%
			Peso Dynasty Equity Fund (PDEF)	20.00%	2.00%
			Peso Equity Fund (PEF)	30.00%	2.20%
			Peso Fixed Income Fund (PFI)	0.00%	1.50%
			Peso Hedged Global Sustainability Equity Fund (PHGSEF)	50.00%	2.20%
			Peso Money Market Fund (PMMF)	0.00%	0.50%
			Peso Multi-Sector Equity Fund (PMSEF)	0.00%	2.00%
			Peso Optimized Dividend Equity Fund (PODEF)	0.00%	2.00%

Type of Coverage	Sum Assured	Other Modes Available	Modal Premium
Accidental Death and Dismemberment	300,000.00	Monthly	2,500.00
5-Yr. Waiver of Premium due to CI and TPD	15,000.00	Quarterly	3,750.00
Life Event Benefit	10,000.00	Semi-Annual	7,500.00

SNAPSHOT OF BENEFITS

For You (Total Living Benefit)			For Your Beneficiaries (Total Death Benefit)		
Attained Age	at 4.00%	at 6.00%	Attained Age	at 4.00%	at 6.00%
31	54,877	57,897	31	300,000	300,000
40	58,510	76,985	40	300,000	300,000
65	42,727	220,103	65	300,000	300,000
70	13,176	286,584	70	300,000	300,000
90		13,897,109	90		13,897,109

Allianz PNB Life's DIVERSIFY PESO VER. 2 is a regular-pay variable unit-linked (VUL) life insurance plan that brings together the opportunities of investing in expertly managed funds while providing you with lifetime insurance protection. This plan provides you the freedom to decide the amount of premium you are comfortable with. You choose the amount of regular premium from a minimum amount of PHP 15,000. This plan also features a Level Death Benefit Option type where your beneficiaries will receive the higher of the Total Sum Assured or the Total Fund Value. The Total Sum Assured is 2,000% of the Regular Annual Premium; plus 125% of each subsequent Top-up Premiums; less 125% of each partial withdrawals. The living benefit is the Total Fund Value of the policy which can be withdrawn in part or in full. The Total Fund Value is based on your premiums less charges, less withdrawals, plus earnings of the Fund/s chosen.

Allianz PNB Life's WFCID RIDER is a non-participating yearly renewable unit deducting rider that provides coverage for Intermediate Stage Critical Illness, Late Stage Critical Illness, and For Total and Permanent Disability. This rider will waive all future premiums becoming due before the Maturity Date of this Rider if the insured is diagnosed with a covered Intermediate Stage Critical Illness or Late Stage Critical Illness, or if the insured has become Totally and Permanently Disabled. Any relevant Insurance Charges and all other charges shall not be waived, in part or in full, by any premiums waived under this Rider. All Policy benefits and charges will be calculated as if premiums waived had been paid by the insured.

The list of the covered Critical Illnesses is attached to this Sales Illustration.

NOTES:

- The projected benefits shown are for illustration purposes only and are not based on the past performance nor do they guarantee future performance of the different Fund/s to which the Policy is linked. Since the fund performance may vary, your fund values are not guaranteed and will depend on the actual investment performance. The Fund Value of the policy could be less than the total premiums paid.
- The investment returns are net of taxes and investment deductions.
- This illustration assumes that you will pay for 5 years and no withdrawals were made. At the time your Total Fund value is insufficient to cover all monthly/quarterly charges, before or after your chosen premium holiday option, if any, you will be required to pay additional premiums to keep your policy in force.
- Maximum Life Event Benefit Rider is PHP 10,000.
- A copy of this proposal will be delivered to you together with the policy contract once the policy is issued. While we have made every effort to ensure accuracy, errors and omissions may have occurred in the preparation of the proposal.

*Fund Management Charge (FMC) shall be deducted monthly from the investment fund.

Cooling-Off Period
 If you are not completely satisfied with this policy, you may return it to our Home Office or any of our branch offices within fifteen (15) days after receipt of the Policy document, together with a written notice, signed by you, requesting cancellation. The Policy document is considered delivered to and received by you on the date indicated in the Policy Receipt Acknowledgement. On such cancellation, the amount refundable shall be the sum of the Insurance Charges plus the Premium charges plus the initial set-up charges plus the policy fee paid from the Policy Date plus the Total Fund Value. Any outstanding Contract Debt will be deducted from the amount refundable. The Total Fund Value will be calculated on the next Pricing Date immediately following the date the receipt of the written notice on your request for Policy cancellation, subject to the Cut-Off Time.

DECLARATION OF UNDERSTANDING
 I confirm that I have read and understood the disclosures in this illustration. I fully understand that I will assume all investment risks associated with the policy. This illustration, the Acknowledgment of Variability, and the Acknowledgment of Contract Acceptance Program shall form part of the insurance contract once the policy is issued.

Delacruz, Juana
 Applicant Owner's Name
 Agency Partner's signature
 Date: 2020-09-09
 For Allianz PNB Life's use only: SAM 20.00

Your Agency Partner should explain the features of your chosen product. As product values and availability may change without prior notice, please ask your Financial Advisor for the most current sales illustration.

Policy Number: 123456782
 Client Type: Non-Bank Client (NBC)

THIS IS ONLY AN ILLUSTRATION. Page 2 of 7 - [SEF20RPF126]

■ Sales Illustration is valid for **60 days** after it is generated

APPLICATION FORM





APPLICATION FORM

E-Application | UPDATE RECORDS

Search | + CREATE EAPP

Hbbghv, Fhtft

Status: SUBMITTED
 Insured Name: N/A
 Application Number: 10600000514592
 Policy Number: not yet generated
 Product: OPTIMAX GOLD
 Created Date: 28th September, 2020, 2:45:15 PM
 Last Updated: 28th September, 2020, 2:51:16 PM

Payb, Try

Status: SIGNED
 Insured Name: N/A
 Application Number: 10600000514556
 Policy Number: not yet generated
 Product: OPTIMUM GOLD
 Created Date: 25th September, 2020, 3:02:02 PM
 Last Updated: 28th September, 2020, 1:45:48 PM

Eddie, Edd

Status: SUBMITTED
 Insured Name: N/A
 Application Number: 10600000514556
 Policy Number: not yet generated
 Product: DIVERSIFY PESO VER. 2
 Created Date: 28th September, 2020, 12:30:57 PM
 Last Updated: 28th September, 2020, 12:37:17 PM

Egg, Edd

Status: SUBMITTED
 Insured Name: N/A
 Application Number: 10600000514574
 Policy Number: not yet generated
 Product: DIVERSIFY PESO VER. 2
 Created Date: 25th September, 2020, 3:36:38 PM
 Last Updated: 25th September, 2020, 3:45:14 PM

Optimum, New

Status: SUBMITTED
 Insured Name: N/A
 Application Number: 10600000514565
 Policy Number: not yet generated
 Product: OPTIMUM GOLD
 Created Date: 25th September, 2020, 3:12:49 PM
 Last Updated: 25th September, 2020, 3:14:13 PM

Optimum, Ao

Status: SIGNED
 Insured Name: N/A
 Application Number: 10600000514547
 Policy Number: not yet generated
 Product: OPTIMUM GOLD
 Created Date: 25th September, 2020, 1:24:36 PM
 Last Updated: 25th September, 2020, 1:38:02 PM

E-Application | UPDATE RECORDS

Search | + CREATE EAPP

Select SI

First Name	Last Name	Product	Status	Last Updated Date
Juana	Dela Cruz	DIVERSIFY PESO VER. 2	COMPLETED	29th September, 2020, 2:11:06 PM
Smokeyy	Run	DIVERSIFY PESO VER. 2	COMPLETED	23rd September, 2020, 4:47:09 PM



CREATE E-APP: OWNER & INSURED INFORMATION

The screenshot shows a mobile application interface for creating an e-App. At the top, there is a navigation bar with a back arrow and the text 'E-Forms'. Below this is a horizontal menu with four items: 'OWNER & INSURED INFO', 'POLICY INFO', 'INSURANCE DECLARATION', and 'NON-MEDICAL'. The 'OWNER & INSURED INFO' item is highlighted with a red circle and has a red information icon. Below the menu, there is a question: 'Is the Applicant Owner same as Proposed Insured?' with two radio button options: 'YES' (selected) and 'NO'. Below this is a section titled 'Applicant Owner Information' with the following fields:

Applicant Name

First Name	Middle Name	Last Name
Juana	(not provided)	Dela Cruz

Other Legal Name

First Name	Middle Name	Last Name

Contact Number *

09773864305

Email *

juanadelacruz@gmail.com

Mother's Maiden Name

First Name *	Middle Name	Last Name *

Applicant Owner (AO) Information

- Personal Information
- Work Information
- Source Information

NOTE:

If an intermediary wishes to view the application number, he can click the "back" button and view the e-App Card. No need to complete all the information on the e-App to view the application number



CREATE E-APP: PERSONAL & WORK INFO

E-Forms

Is the Applicant Owner same as Proposed Insured? YES NO

Applicant Owner Information

Applicant Name

First Name: Juana Middle Name: (not provided) Last Name: Dela Cruz

Other Legal Name

First Name: Middle Name: Last Name:

Contact Number *: 09773864305 Email *: juanadelacruz@gmail.com

Mother's Maiden Name

First Name *: Middle Name: Last Name *:

Place of Birth

Country *: PHILIPPINES Province *: City/Municipality *:

Date of Birth: 1994-09-29 Gender: F Nationality *:

Are you a US person? *: YES NO Civil Status *: Single

Present Address

Unit/Building Name: Unit A Lot/Block Number: 311 Street: Olongapo Street

Barangay/Subdivision: Barangay 127

Country: PHILIPPINES City/Municipality: Caloocan Province: Metro Manila Zip Code: 1400

Work Information

Identification Type *: Identification Number *:

Estimated Annual Income *: Occupation: ACCOUNTANT Employer *: Nature of Business: ACCOUNTANT

Unit/Building Name: White Tower Lot/Block Number: 90 Street: Ortigas Avenue

Barangay/Subdivision: Greenhills

Country: PHILIPPINES City/Municipality: San Juan Province: Metro Manila Zip Code: 400

Source of Funds *: Source of Funds (Others): Preferred Mailing Address *:

NEXT

- Depending on what is declared here, user may be asked to provide additional documents in the submission checklist (i.e. if US citizen / indicia, FATCA form must be completed)



CREATE E-APP: POLICY INFORMATION

The screenshot shows a mobile application interface for creating an e-app. The top navigation bar has four tabs: 'OWNER & INSURED INFO', 'POLICY INFO' (highlighted with a red circle), 'INSURANCE DECLARATION', and 'NON-MEDICAL'. Below the navigation bar is a section titled 'Beneficiaries Information' containing a 'Beneficiaries Summary' form. The form includes the following fields:

- First Name * (Required)
- Middle Name *
- Last Name *
- Date of Birth *
- Priority * (PRIMARY, CONTINGENT)
- % of Share *
- Designation * (REVOCALE, IRREVOCALE)
- Relationship to Proposed Insured *
- Nationality *
- Same as Applicant Owner's Present Address
- Unit/Building Name
- Lot/Block Number
- Street
- Barangay/Subdivision

Policy Information

- Information on Beneficiaries
- Information on the Policy Applied For
- Payout Option for All Living Benefits



CREATE E-APP: BENEFICIARIES

← E-Forms

Beneficiaries Information

Beneficiaries Summary

First Name * Required ⓘ
Middle Name *
Last Name *

Date of Birth *
Priority *
% of Share *

PRIMARY CONTINGENT

Designation *
Relationship to Proposed Insured *
Nationality *

REVOCABLE IRREVOCABLE

Same as Applicant Owner's Present Address

Unit/Building Name
Lot/Block Number
Street

Barangay/Subdivision

Country *
Province *
City/Municipality *
Zip Code *

PHILIPPINES

- Input basic information of the beneficiary (name and home address)



CREATE E-APP: BENEFICIARY INFORMATION

Click to add beneficiary

↓

🗑️
+
✎
📁
🗑️

Last Name	First Name	Priority	Percentage of Share	Designation	Date of Birth
De Jesus	Pedro	primary	100	Irrevocable	12/14/1999

- After entering the details of the beneficiary, tap the + button to add them to the list.
- Notification will prompt if details are added completely



CREATE E-APP: POLICY INFORMATION

Policy information

Basic Plan <i>DIVERSIFY PESO VER. 2</i>	Sum Assured <i>PHP 300,000</i>	Amount of Payment Deposit <i>PHP 15,000</i>	Mode of Payment <i>Annual</i>	Payment Scheme * _____
---	--	---	---	----------------------------------

Unit Link Information

Type of Death Benefit <i>(not provided)</i>	With Top-up? <i>No</i>	Top-up Amount <i>PHP 0</i>
---	----------------------------------	--------------------------------------

Rider Information

Additional Benefit(s)	Coverage Amount
Accidental Death and Dismemberment	<i>PHP 300,000</i>
5-Yr. Waiver of Premium due to CI and TPD	<i>PHP 15,000</i>

- Select payment scheme:
 - auto debit
 - cash
 - credit card



CREATE E-APP: FUNDS

Funds Information

Peso Funds	Basic Plan Direction	Top-Up Direction
Peso Equity Fund	30%	<hr/>
Peso Dynasty Equity Fund	20%	<hr/>
Peso Multi-Sector Equity Fund	0%	<hr/>
Peso Optimized Dividend Equity Fund	0%	<hr/>
Peso-Hedged Global Sustainability Equity Fund	50%	<hr/>
Peso Balanced Fund	0%	<hr/>
Peso Fixed Income Fund	0%	<hr/>
Peso Money Market Fund	0%	<hr/>

- Funds allocation of the basic plan indicated in the Sales Illustration module is shown here.
- You may enter the Top-Up Direction, if any.
- Input values are in percentages; total should be 100%

NOTE if client wishes to change basic plan fund direction at this point:

- delete e-App record first.
- Then, either edit the existing SI record, or delete that, and create a new one.



CREATE E-APP: PAYOUT OPTIONS

Payout Option for All Living Benefits

Payout Option *

Automatic Transfer to My Account

Cheque

NEXT

Payout Option for All Living Benefits

Payout Option *

Automatic Transfer to My Account

Cheque

I hereby agree that all my living benefits (anticipated endowment proceeds net of outstanding loans, dividends, policy loan, withdrawals, surrenders and maturities) and refund amounting to PHP5,000 and above or its USD equivalent will automatically be transferred to my account with details indicated below, hereby granting **Allianz PNB Life Insurance, Inc.** authority to effect the same.

I fully understand and agree that the authorisation shall be on a continuing basis and shall remain in full force and effect unless cancelled by the undersigned in writing or as determined by **Allianz PNB Life Insurance, Inc.**

By signing this application form, I agree to inform **Allianz PNB Life Insurance, Inc.** in writing of any change in the information provided or in my account status. I also authorize **Allianz PNB Life Insurance, Inc.** to deduct from the proceed any applicable bank charges.

Bank Name *

Bank Branch *

Account Number *

Account Currency *

Joint Account *

PHP

USD

YES

NO

Bank Account Name *

NEXT

- Select transfer mode of benefits.
- If you have selected "Automatic Transfer to My Account", fill-up the needed information.
- Automatic Transfer to My Account is required for all dividend paying funds.



CREATE E-APP: INSURANCE DECLARATION

E-Forms

OWNER & INSURED INFO POLICY INFO **INSURANCE DECLARATION** NON-MEDICAL

Life Insurance Question

Within the last 2 years, have you ever had any application or reinstatement of life, health, or accident insurance which was declined, rated, postponed, withdrawn or in any way modified?

Any pending applications or inforce policies with Allianz PNB Life Insurance, Inc. or another life insurance company?

If the Proposed Insured is a homemaker(not working), what amount of life insurance is now inforce on the spouse?

If the Proposed Insured is below 18 years old, what amount of life insurance is now inforce on the proposed insured's parents in all companies?

Will anyone other than the Proposed Insured and/or Owner/payor will be paying for this policy?

YES NO

Declaration on the Proposed Replacement of the Existing Policy(ies)

to be filled out by Proposed Insured and/or Applicant Owner

Declaration on the Proposed Replacement of the Existing Policy(ies)

Insurance Declarations

- Life Insurance Questions
- Declaration on the proposed replacement of existing policy



CREATE E-APP: INSURANCE DECLARATIONS

Life Insurance Question

Within the last 2 years, have you ever had any application or reinstatement of life, health, or accident insurance which was declined, rated, postponed, withdrawn or in any way modified?

YES

NO



Any pending applications or inforce policies with Allianz PNB Life Insurance, Inc. or another life insurance company?

YES

NO



If the Proposed Insured is a homemaker(not working), what amount of life insurance is now inforce on the spouse?

PHP



If the Proposed Insured is below 18 years old, what amount of life insurance is now inforce on the proposed insured's parents in all companies?

PHP



Will anyone other than the Proposed Insured and/or Owner/payor will be paying for this policy?

YES

NO





CREATE E-APP: INSURANCE DECLARATIONS

Declaration on the Proposed Replacement of the Existing Policy(ies)

to be filled out by Proposed Insured and/or Applicant Owner

Declaration on the Proposed Replacement of the Existing Policy(ies)

Total Insurance Inforced Summary

Company	Basic Life	Accident	Year of Issue
	PHP ▾	PHP ▾	
<input type="button" value="🗑️"/> <input type="button" value="⊕"/> <input type="button" value="✎"/> <input type="button" value="📁"/> <input type="button" value="🗑️"/>			

Is the Policy applied for intended to change or replace any existing insurance in force on the life of Proposed Insured?

YES NO

Will premiums for the insurance applied for be paid by a policy loan, withdrawal, or surrender from any existing policy?

YES NO

- To be filled out by **Proposed insured and/or Applicant owner** if new policy is intended to replace existing insurance



CREATE E-APP: INSURANCE DECLARATIONS

to be filled out by intermediary

Is the Policy applied for intended to change or replace any existing insurance in force on the life of Proposed Insured?

YES

NO

Will premiums for the insurance applied for be paid by a policy loan, withdrawal, or surrender from any existing policy?

YES

NO

NEXT

- To be filled out by the Intermediary



CREATE E-APP: NON-MEDICAL QUESTIONS

← E-Forms

OWNER & INSURED INFO POLICY INFO INSURANCE DECLARATION **NON-MEDICAL**

Non-Medical Questions for Proposed Insured

Build - Proposed Insured

Height (ft) ^{Required} (in) Weight (kg) ^{Required} (lbs)

No Parent Information Available

Father Details

First Name ^{Required} Middle Name Last Name ^{Required}

Age ^{Required}

Has Cancer Has Coronary Disease Has Cardio Vascular Has Alzheimers

Non-med Questions

- Non-Medical questions for proposed insured
- Medical Questionnaires
- Declarations on Occupation/Avocation
- Please note that this tab will only appear if the Product is **NON-GAE**.



CREATE E-APP: NON-MEDICAL QUESTIONS

E-Forms

Build - Proposed Insured

Height (ft) ^{Required} (in) Weight (kg) ^{Required} (lbs)

No Parent Information Available

Father Details

First Name ^{Required} Middle Name Last Name ^{Required}

Age ^{Required}

Has Cancer Has Coronary Disease Has Cardio Vascular Has Alzheimers

Mother Details

First Name ^{Required} Middle Name Last Name ^{Required}

Age ^{Required}

Has Cancer Has Coronary Disease Has Cardio Vascular Has Alzheimers

- Height and weight must be **accurate**
- Indicate family history

Siblings Summary

First Name ^{*} Middle Name Last Name ^{*}

Age ^{*} Relationship ^{*}

Has Cancer Has Coronary Disease Has Cardio Vascular Has Alzheimers

Please declare if any of your immediate family members developed the following conditions before the age of 60.

None of my immediate family member developed one of the following conditions (Cancer, Coronary Artery Disease or Cardio Vascular Disease/Stroke) before the age of 60.



CREATE E-APP: NON-MEDICAL QUESTIONS

Medical Questionnaires

Have you ever consulted a medical doctor, including Annual Physical Exams or Executive Check-ups; or been referred for any consultation, medical test, or hospitalization in the past 5 years?

YES

NO



Have you ever been diagnosed or received treatment or medical advice for any of the following diseases or disorders?

YES

NO



- High Blood or Heart Disease
- Mental Dysfunction
- Blood or Liver Disease
- Diabetes or Thyroid Disease
- Stomach Problems
- Kidney or Reproductive Disorder
- Lump or Cyst
- Lung and Respiratory
- Neurological Dysfunction
- Any Physical Deformity
- Skin or Muscle Disorder
- Congenital or Developmental Disorder
- Cancer
- Any other defects, or medical conditions not already disclosed in the list

Other than the above conditions disclosed, have you experienced any of the following signs and symptoms in the past six (6) months?

YES

NO



- Vomiting of Blood
- Persistent Nose Bleed
- Recurrent Severe Headaches
- Persistent and Unexplained Fatigue
- Abnormal Vaginal Discharge/Bleeding
- Prolonged Cough
- Blood in the Stool
- Blurring Vision
- Unexplained Weight Loss or Weight Gain
- Persistent Diarrhea
- Enlarged Lymph Nodes
- Fainting Spells
- Persistent Fever
- Unusual Skin Lesions
- Abdominal Pain

- If client answers **YES**, he must check items that apply to him.
- Additional information / follow up questions will be required.



CREATE E-APP: NON-MEDICAL QUESTIONS

Select all options applicable to you.

- Smoke or used to smoke?
- Drink alcoholic beverages?
- Used any habit forming drugs (e.g. marijuana, morphine) - Other than for treatment of a medical condition under proper medical supervision
- None of the above apply to me

Tick here if none of the items applies to the Proposed Insured

Are you pregnant? Required i

YES NO

- If the Proposed Insured is Female, additional question appears: "Are you pregnant?".



CREATE E-APP: DETAILS ON OCCUPATION / AVOCATION

Declarations on Occupation/Avocation

Does the Applicant Owner/ Proposed Insured expect to change:

Occupation? * Required ⓘ **Country of residence:** Required ⓘ

YES NO YES NO

Select all applicable activities that the Proposed Insured/Applicant Owner engage or intend to engage in from the list.

<input type="checkbox"/> Boxing	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Hanggliding/Parasailing	<input type="checkbox"/> Mountaineering
<input type="checkbox"/> Yachting	<input type="checkbox"/> Rafting
<input type="checkbox"/> Aerodium	<input type="checkbox"/> Basketball/Rugby/Football/Soccer/Polo/Hockey
<input type="checkbox"/> Diving, more than once a year	<input type="checkbox"/> Canyoneering/Jet Skiing, more than once a year
<input type="checkbox"/> Biking more than once a year	<input type="checkbox"/> Ice hockey, more than once a year
<input type="checkbox"/> Wrestling/Gymnastics, more than once a year	<input type="checkbox"/> Bungee Jumping/Paintball, more than once a year
<input type="checkbox"/> Motor Racing	<input type="checkbox"/> Horse Racing
<input type="checkbox"/> Canyoning	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Parachuting	<input type="checkbox"/> Sandboarding
<input type="checkbox"/> Powerboat Racing	<input type="checkbox"/> Canoeing/Sea Kayaking, more than once a year
<input type="checkbox"/> Other Sports/Hobbies	
<input type="checkbox"/> None of the above apply to me	

- Select activities that client engages and answer additional questions.
- If answered Yes on any of the questions, please provide additional information.

Have you ever suffered any illness or injury as a result of your occupation or avocation? YES NO ⓘ

In the past 5 years, has the proposed Insured been:

a member of the military or police or any militant or paramilitary organization? YES NO ⓘ

active in politics as candidate or leader? YES NO ⓘ

SUBMIT

“SUBMIT ” button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company’s database



E-APP SUBMISSION

← E-Forms

Select all applicable activities that the Proposed Insured/Applicant Owner engage or intend to engage in from the list.

- Boxing
- Hanggliding/Parasailing
- Yachting
- Aerodium
- Diving, more than once a year
- Biking, more than once a year
- Wrestling/Gymnastics, more than once a year
- Motor Racing
- Canyoning
- Parachuting
- Powerboat Racing
- Other Sports/Hobbies
- Martial Arts
- Mountaineering
- Rafting
- Basketball/Rugby/Football/Soccer/Polo/Hockey
- Canyoneering/Jet Skiing, more than once a year
- Ice hockey, more than once a year
- Bungee Jumping/Paintball, more than once a year
- Horse Racing
- Mountain Biking
- Sandboarding
- Canoeing/Sea Kayaking, more than once a year

None of the above apply to me

Have you ever suffered any illness or injury as a result of your occupation or avocation? YES NO

In the past 5 years, has the proposed Insured been:

a member of the military or police or any militant or paramilitary organization? YES NO

active in politics as candidate or leader? YES NO

SUBMIT

- Click "Submit" once done
- The e-app will not proceed if there are invalid or missing data

Some tabs are invalid. Please check before submitting

OK

Click here

"SUBMIT " button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company's database

E-SIGNATURE





SIGNATURE PAGE: APPLICANT OWNER

Signature Page Click to view

- Applicant Owner
- Needs Analysis
- Investor Risk Profile Questionnaire
- Sales Illustration
- Application Form
- General Declaration
- Authorization to Furnish Medical or Other Related Information
- Certificate of Interim Coverage
- Signature
- Intermediary
- Sales Illustration
- Application Form

General Declaration

1. That these declarations with the answers to the above questions, shall be the basis of the Policy and form part of the same
2. That Article 1250 of the Civil Code of the Philippines (Republic Act 386) relating to extraordinary inflation of deflation shall not apply in determining the extent of liability under the provisions of the Policy;
3. That I hereby warrant the eligibility of the beneficiary or beneficiaries named in this application, and further warrant that I shall not, in the future, designate any beneficiary who is ineligible under Articles 2021 and 739 of the Civil Code of the Philippines (Republic Act 386).
4. That should **Allianz PNB Life Insurance, Inc.** pay the proceeds of of the Policy to an ineligible beneficiary, believing in good faith that said beneficiary is eligible, said payment shall free **Allianz PNB Life Insurance, Inc** from liability under the Policy, if within sixty (60) days from the presentation by the ineligible beneficiary of the claim and proof of death of the insured, no adverse claim is filed with **Allianz PNB Life Insurance, Inc.** by the person legally entitled to the proceeds of the policy;
5. That I hereby waive all provisions of law forbidding any physician, clinic or other persons from disclosing or giving information or any record pertaining to any consultation, examination, attendance or treatment of the Proposed Insured and/or Applicant Owner, if Applicable;
6. That in accordance with the Insurance Commission's Circular Letter No. 2016-54, my information will be uploaded to a Medical Information Database which includes medical and non-medical information, accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to My Information in order to protect my right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph;
7. That if I accept deliver of the Policy and retain the same without objection within 15 (for Unit-Linked Plans) days from date of acceptance, such retention shall amount to an approval on my part of the insurance written therein and constitute a ratification by me, of any corrections or additions to this application imposed by **Allianz PNB Life Insurance,**

- Click each item on the left panel to read and review details



SIGNATURE PAGE: APPLICANT OWNER

Applicant Owner

- Needs Analysis
- Investor Risk Profile Questionnaire
- Sales Illustration
- Application Form
- General Declaration
- Authorization to Furnish Medical or Other Related Information
- Certificate of Interim Coverage
- Signature
- Intermediary
- Sales Illustration
- Application Form

Needs Analysis

Savings & Investments

Name: Juana Dela Cruz Generated Date: 29th September, 2020, 1:13:36 PM
 Gender: F Contact Number: 09773864305

Goal : Savings & Investment

Value of your Goal Today: PHP5,000,000.00 Assumed Appreciation Rate: 5 %
 Years to Save: 10 Savings : PHP250,000.00

Goal Value in 10 Years

Current Goal Value	PHP	5,000,000.00
Future Goal Value	PHP	8,144,473.00
Savings	PHP	250,000.00
Savings Gap	PHP	7,894,473.00

I have read and understood... **Tick here**

When reviewing EACH document listed on the left panel:

- Tick the box if the client agrees.
- If they agree, a check will appear beside the Document name.
- Note: You may scroll the preview up and/or down.



SIGNATURE PAGE: APPLICANT OWNER

← Signature Page

Applicant Owner

- Needs Analysis
- Investor Risk Profile Questionnaire
- Sales Illustration
- Application Form
- General Declaration**
- Authorization to Furnish Medical or Other Related Information
- Certificate of Interim Coverage
- Signature

General Declaration

1. That these declarations with the answers to the above questions, shall be the basis of the Policy and form part of the same
2. That Article 1250 of the Civil Code of the Philippines (Republic Act 386) relating to extraordinary inflation or deflation shall not apply in determining the extent of liability under the provisions of the Policy;
3. That I hereby warrant the eligibility of the beneficiary or beneficiaries named in this application, and further warrant that I shall not, in the future, designate any beneficiary who is ineligible under Articles 2021 and 739 of the Civil Code of the Philippines (Republic Act 386).
4. That should **Allianz PNB Life Insurance, Inc.** pay the proceeds of of the Policy to an ineligible beneficiary, believing in good faith that said beneficiary is eligible, said payment shall free **Allianz PNB Life Insurance, Inc** from liability under the Policy, if within sixty (60) days from the presentation by the ineligible beneficiary of the claim and proof of death of the insured, no adverse claim is filed with **Allianz PNB Life Insurance, Inc.** by the person legally entitled to the proceeds of the policy;
5. That I hereby waive all provisions of law forbidding any physician, clinic or other persons from disclosing or giving information or any record pertaining to any consultation, examination, attendance or treatment of the Proposed Insured and/or Applicant Owner, if Applicable;
6. That in accordance with the Insurance Commission's Circular Letter No. 2016-54, my information will be uploaded to a Medical Information Database which includes medical and non-medical information, accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to My Information in order to protect my right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph;
7. That if I accept deliver of the Policy and retain the same without objection within 15 (for Unit-Linked Plans) days from date of acceptance, such retention shall amount to an approval on my part of the insurance written therein and constitute a ratification by me, of any corrections or additions to this application imposed by **Allianz PNB Life Insurance,**

← Signature Page

Applicant Owner

- Needs Analysis
- Investor Risk Profile Questionnaire
- Sales Illustration
- Application Form
- General Declaration**
- Authorization to Furnish Medical or Other Related Information
- Certificate of Interim Coverage
- Signature

record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("Process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life to be insured, and/or my Policy/ies, to 1) facilitate, monitor and improve the quality of my Policy/ies and such service availed of by me, through programs including but not limited to anti-money laundering, and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes.

I also understand that Allianz PNB Life Insurance, Inc shall communicate with me primarily via electronic channels, i.e. email, SMS, and mobile and web applications. Policy contracts, official receipts, and other similar documents will also be sent to me in electronic format if available.

I prefer receiving communications from Allianz PNB Life Insurance, Inc in paper format. I understand that the notices, disclosures, and similar documents received through mail and other non-electronic channels might be delayed and I will not hold Allianz PNB Life Insurance, Inc. responsible especially if the delay is due to circumstances beyond its control.

I also expressly authorize Allianz PNB Life Insurance, Inc to share, transfer and/or disclose my information to any of its subsidiaries, affiliates, and partners for offer for related products and services.

I have read and understood...

ePolicy is the DEFAULT option.

Tick the box if the client prefers to receive communications in paper format.



SIGNATURE PAGE: APPLICANT OWNER

Signature Page

Applicant Owner

- Needs Analysis ✓
- Investor Risk Profile Questionnaire ✓
- Sales Illustration ✓
- Application Form ✓
- General Declaration ✓
- Authorization to Furnish Medical or Other Related Information ✓
- Certificate of Interim Coverage ✓
- Signature

Intermediary

- Sales Illustration
- Application Form

SPECIAL LIMITATIONS

- This Certificate does not provide benefits for dismemberment and/or disability.
- In cases of check payments, this Certificate will be invalid if check is not honored by the bank.
- No agent has the authority to modify the terms of this Certificate.
- SUICIDE: Allianz PNB Life Insurance, Inc.** shall be liable only when it is committed after the policy has been in force for a period of at least two (2) years from the Policy Effectivity Date, or date of last reinstatement, if applicable, except if suicide is committed in a state of insanity, in which case suicide shall be compensable regardless of the date of commission.

BENEFICIARY: as stated in the Application

IMPORTANT NOTICE The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws relating to insurance and has supervision over insurance companies. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph

losed in this application, any policy issued may not be valid. If in is material, you are advised to disclose it. This includes information d to the Intermediary but was not included in the application. are fully satisfied with the information declared in this application.

s I have made are true and complete. I further confirm that these ccurately.

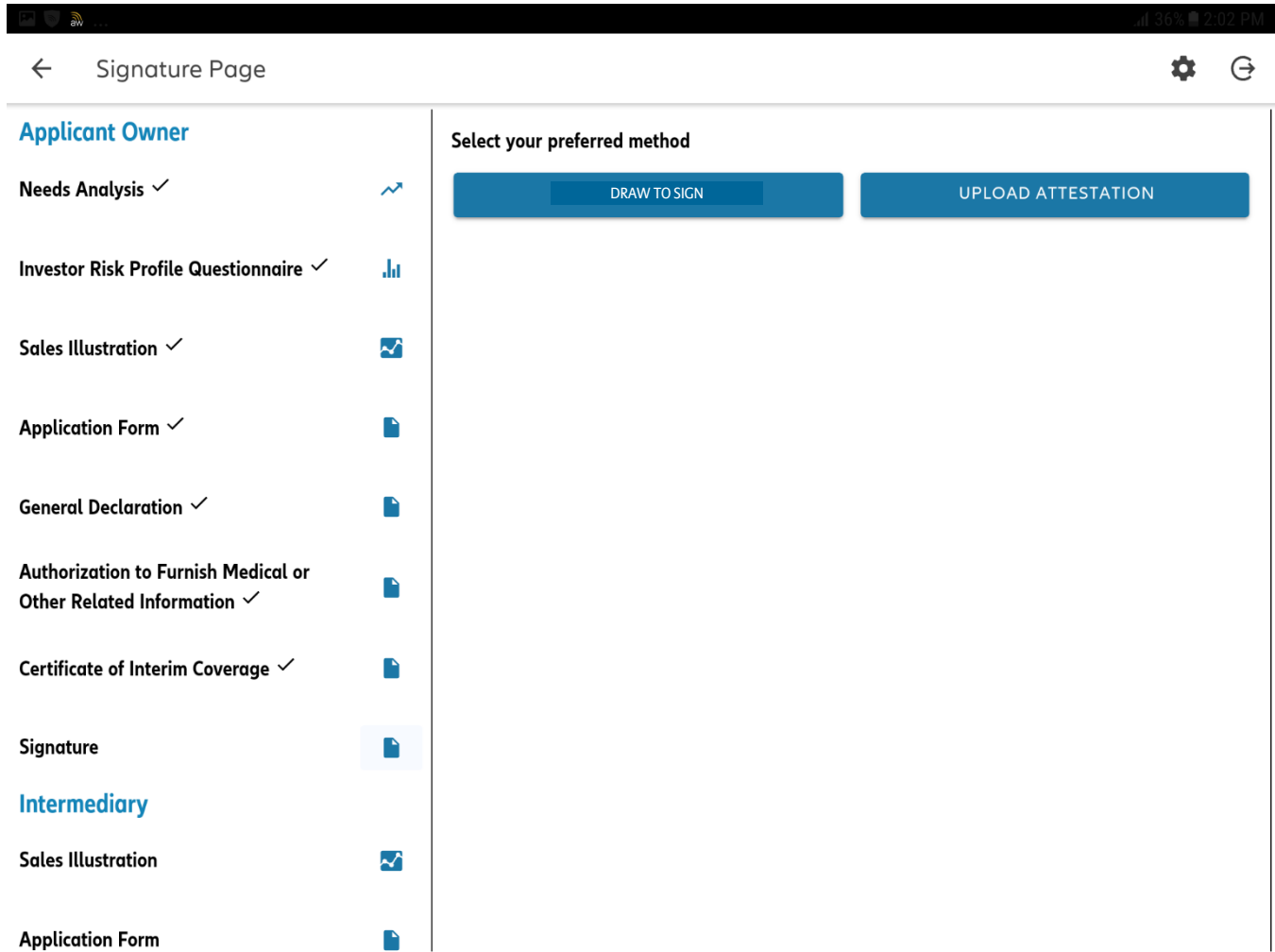
I have read and understood...

Signature will be enabled if all previous categories have checkmarks.

- Make sure that the AO/PI review and read each categories.
- If all previous categories were reviewed and agreed on by the AO/PI, the Signature category will enable.



SIGNATURE PAGE: APPLICANT OWNER



NEW FEATURE:
 Upload Attestation in Lieu of
 Wet Signature

2 Options for Signature:

- Draw to Sign (face to face sale)
- Upload Attestation (virtual sale)



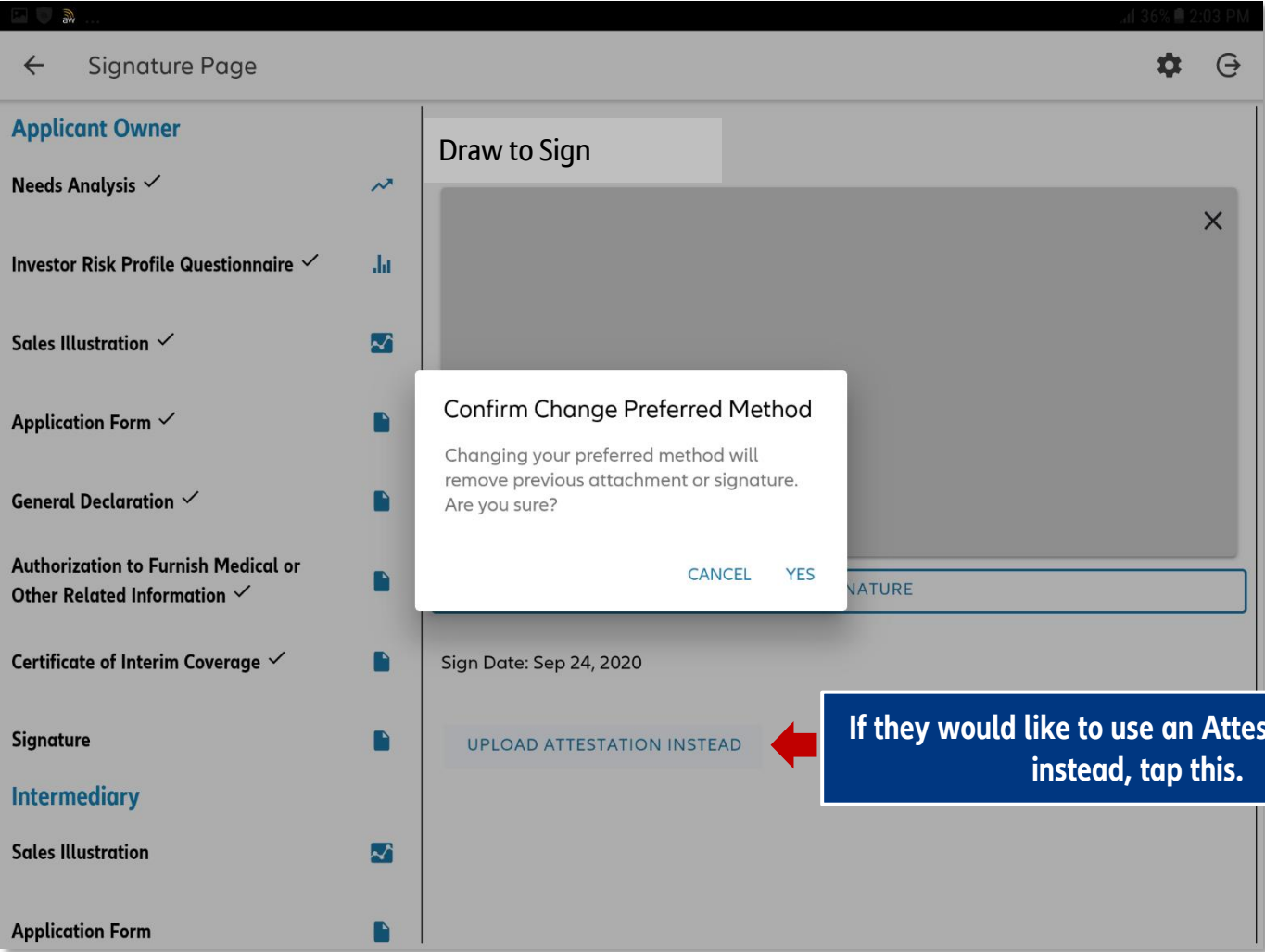
SIGNATURE PAGE: APPLICANT OWNER (DRAW TO SIGN)

Tap this to clear the signature pad.

After they have drawn their signature, tap the Save Signature button.



SIGNATURE PAGE: APPLICANT OWNER (CHANGE SIGNATURE MODE)

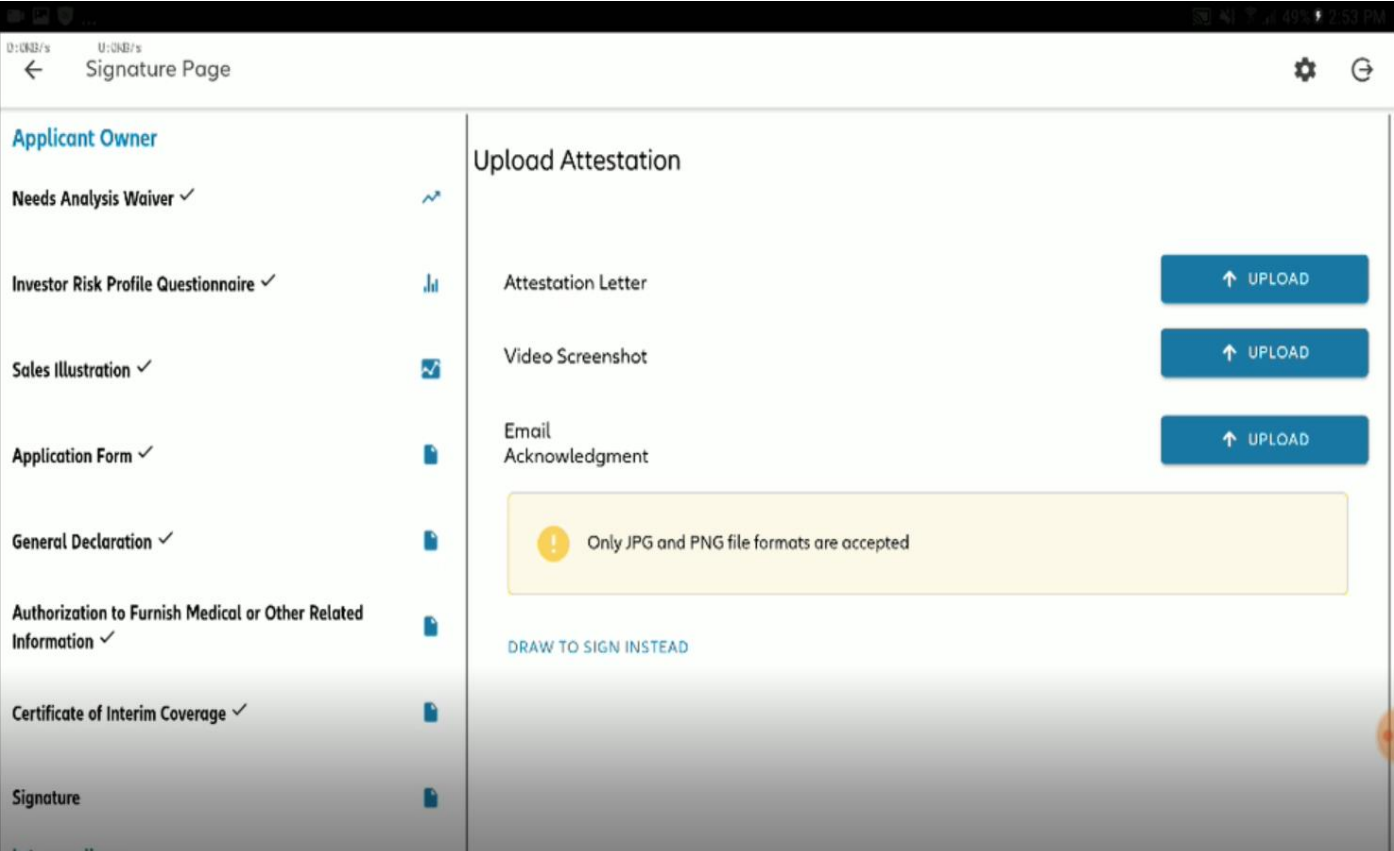


- Tapping "YES" on the confirmation message will delete the drawn signature.

If they would like to use an Attestation Letter instead, tap this.

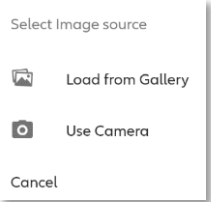


SIGNATURE PAGE: APPLICANT OWNER (UPLOAD ATTESTATION)



- Intermediary will be asked to upload three items in compliance with the current VSP:
 - Signed Attestation Letter
 - Proof of meeting (video screenshot)
 - Email acknowledgment from client using the same email declared in the app form

- Intermediary may use the device’s camera, or upload a photo of the Attestation Letter from the device’s Gallery.



- Only PNG and JPG files are accepted (max of 5MB)



SIGNATURE PAGE: APPLICANT OWNER (UPLOAD ATTESTATION)

← Signature Page

Applicant Owner

- Needs Analysis ✓
- Investor Risk Profile Questionnaire ✓
- Sales Illustration ✓
- Application Form ✓
- General Declaration ✓
- Authorization to Furnish Medical or Other Related Information ✓
- Certificate of Interim Coverage ✓
- Signature ✓**

Upload Attestation

Attestation Letter		Attestation Letter	43.355KB		VIEW UPLOADED FILE
Video Screenshot		Video Screenshot	61.337KB		VIEW UPLOADED FILE
Email Acknowledgment		Email Acknowled...	35.874KB		VIEW UPLOADED FILE

i If you wish to reupload, click the trash icon to remove the current uploaded file.

DRAW TO SIGN INSTEAD

If they would like to draw a signature instead, tap this.

- A check will appear beside the Signature category once all documents have been uploaded





SIGNATURE PAGE: INTERMEDIARY

Signature Page

- Authorization to Furnish Medical or Other Related Information ✓
- Certificate of Interim Coverage ✓
- Signature ✓
- Intermediary**
- Sales Illustration
- Application Form
- Investor Risk Profile Questionnaire
- General Declaration
- Authorization to Furnish Medical or Other Related Information
- Signature

SUBMISSION CHECKLIST

Sales Illustration

Applicant Owner

First Name <i>Juana</i>	Middle Name -	Last Name <i>Dela Cruz</i>
Date of Birth <i>1994-09-29</i>	Age <i>26</i>	Gender <i>F</i>
Occupation Classification <i>ACCOUNTANT</i>	Occupation Group <i>ACCOUNTANT</i>	
Home Address <i>Caloocan 1400 Metro Manila PHILIPPINES</i>	Work Address <i>San Juan 400 Metro Manila PHILIPPINES</i>	

Product

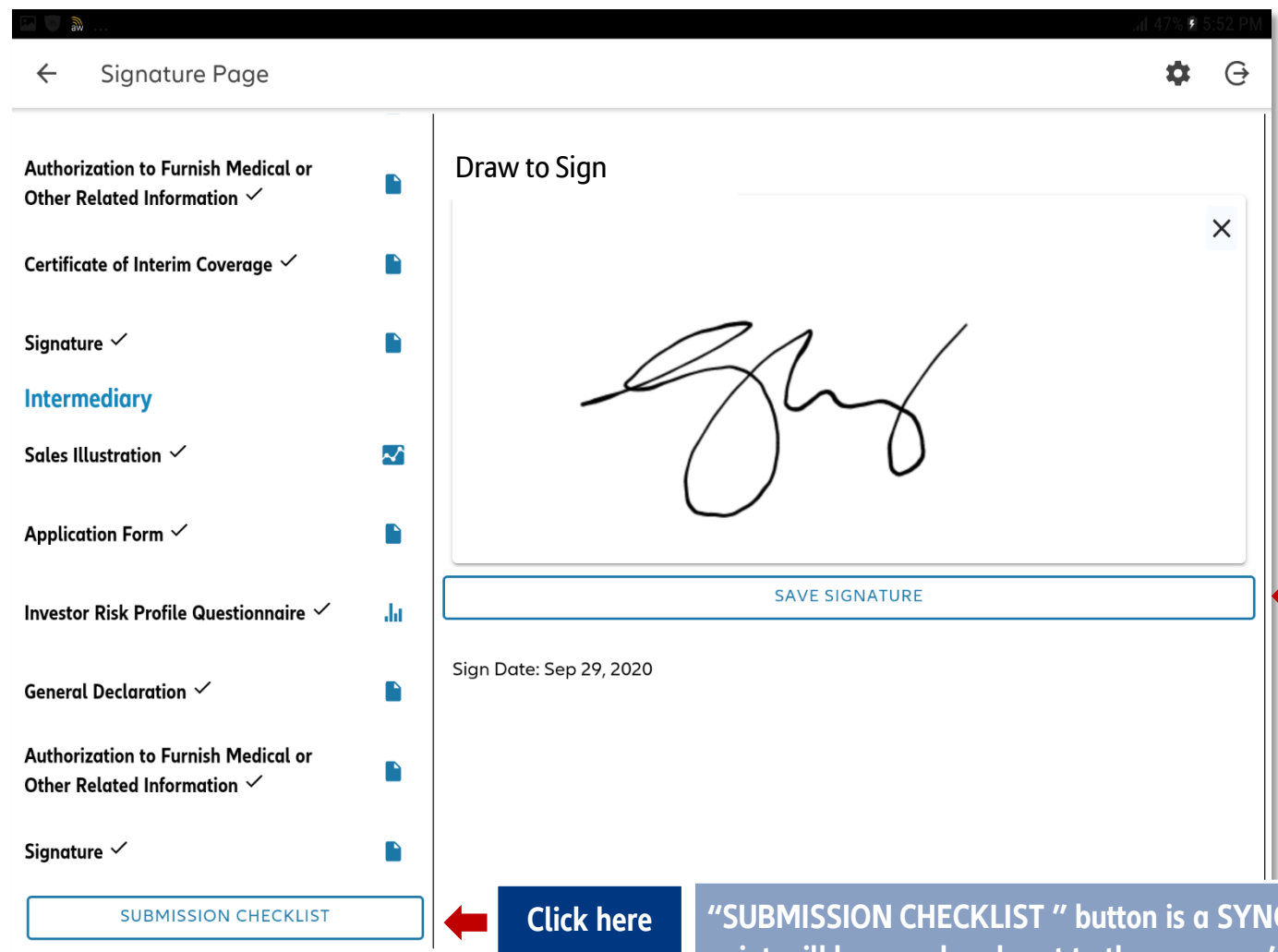
Plan Name <i>DIVERSIFY PESO VER. 2</i>	Underwriting Approach <i>Non-GAE</i>	Mode of Payment <i>Annual</i>
Modal Premium <i>PHP 15.000</i>	Annual Premium <i>PHP 15.000</i>	Basic Sum Assured <i>PHP 300.000</i>

I have read and understood... **Tap this**

- Once the Applicant Owner has reviewed and signed; the Intermediary now performs the same process



SIGNATURE PAGE: INTERMEDIARY



- Intermediaries should draw their signature on the signature pad.
- Tap Save Signature once done.
- When the signature was saved, Submission Checklist button will be enabled.

“SUBMISSION CHECKLIST ” button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company’s database

SUBMISSION CHECKLIST





SUBMISSION CHECKLIST

14-digit Application Number



Click each document to preview the file



Click this to fill-up ACR.



Submission Checklist

Application Number: 10100351912173

Documents

- Application Form
- Sales Illustration
- Needs Analysis / Waiver
- Investor Risk Profile Questionnaire**
- Certificate of Interim Coverage
- Authorization To Furnish Medical or Other Related Information

Agent's Confidential Report

- Agent's Confidential Report

Proof of Payment

- Proof of Payment

Reference Number

INVESTOR RISK PROFILE QUESTIONNAIRE

Moderate

You are seeking long term capital appreciation and to a lesser extent, the stability that comes from fixed-income investments. You are most comfortable with relatively stable year-to-year returns but will accept some volatility as you understand that the capital growth you require cannot be achieved without some element of risk.

Total score: 20 to 28

Recommended allocation on equity investments: Between 20% to 50%

Growth - Oriented

You are seeking long term capital appreciation with little or no requirement from additional income. You can tolerate greater year to year volatility, as well as some moderate to strong fluctuations in the capital value of your investment. You realize that overtime, equity markets usually outperforms other investments.

Total score: 29 or more

Recommended allocation on equity investments: At least 50%

Allianz PNB Life Insurance, Inc. is committed to respecting the privacy of your personal



SUBMISSION CHECKLIST: AGENT'S CONFIDENTIAL REPORT

- Click pen icon to fill out the ACR
- Conduct Enhanced due Diligence if needed.
- User may **Edit and View** the details

Clicking “**Attach Signature**” will copy the same signature drawn by the FA in the Signature page, then attach it here, in Agent’s Confidentiality Report.

Click “**Submit**”



SUBMISSION CHECKLIST: ENHANCED DUE DILIGENCE (EDD)

← Submission Checklist
⚙️ ↻

Needs Analysis / Waiver

Investor Risk Profile Questionnaire

Certificate of Interim Coverage

Authorization To Furnish Medical or Other Related Information

Agent's Confidential Report

✔️ Agent's Confidential Report

Proof of Payment

Pay Online NO YES

✔️
Proof of Payment

Reference Number Jh77hhjh

Valid ID

7. Did you conduct validation of the following information submitted?

To be accomplished by Intermediary if any of the following clients: Proposed Insured, Applicant Owner or Beneficiary/ies named in the above mentioned application is classified as an High Risk Client(HRC).

Name of Client Test nme

Client Role (PI, AO or Bene) Applicant Owner

Additional information if client or relative or close relationships and associate is a Politically Exposed Person (PEP)

Name of PEP Ao pep nme

Position Pulis

Relationship to PEP Mother

a. Verify the source of wealth of the client. "Source of Wealth" refers to the resource from which the customer's wealth, including all monetary instruments and properties, came, comes, or will come from, such as employment, business, investment, foreign remittance, inheritance, donation, and winnings.

Latest Bank Certificate
 YES
 NO

NEW FEATURE:

EDD Questions on Journey now aligned with the recent enhancements done on the paper application form



SUBMISSION CHECKLIST: ENHANCED DUE DILIGENCE (EDD)

Submission Checklist

- Needs Analysis / Waiver
- Investor Risk Profile Questionnaire
- Certificate of Interim Coverage
- Authorization To Furnish Medical or Other Related Information
- Agent's Confidential Report
 - Agent's Confidential Report
- Proof of Payment
 - Pay Online: NO YES
 - Proof of Payment
- Reference Number: Jh77hhjh

Valid ID

a. Verify the source of wealth of the client. "Source of Wealth" refers to the resource from which the customer's wealth, including all monetary instruments and properties, came, comes, or will come from, such as employment, business, investment, foreign remittance, inheritance, donation, and winnings.

Latest Bank Certificate	YES	NO
Latest Pay Slip (1 month)	YES	NO
Latest Passbook	YES	NO
Latest Income Tax Return	YES	NO
Deed of Sale of Property	YES	NO
Others	YES	NO

Yugsgguustb

b. Other assets owned by the client.

Submission Checklist

- Investor Risk Profile Questionnaire
- Certificate of Interim Coverage
- Authorization To Furnish Medical or Other Related Information
- Agent's Confidential Report
 - Agent's Confidential Report
- Proof of Payment
 - Pay Online: NO YES
 - Proof of Payment
- Reference Number: Jh77hhjh

Valid ID

b. Other assets owned by the client.

House	YES	NO
Business	YES	NO
Real Estate	YES	NO
Others	YES	NO

PHP 8,999,900
PHP 788,900
PHP 8,899,000
Car

c. Verify the source of fund. "Source of Fund" refers to the origin of the funds that is the subject of the transaction, such as cash on hand, safety deposit box, and a particular bank or investment account.

Submission Checklist

- Investor Risk Profile Questionnaire
- Certificate of Interim Coverage
- Authorization To Furnish Medical or Other Related Information
- Agent's Confidential Report
 - Agent's Confidential Report
- Proof of Payment
 - Pay Online: NO YES
 - Proof of Payment
- Reference Number: Jh77hhjh

Valid ID

c. Verify the source of fund. "Source of Fund" refers to the origin of the funds that is the subject of the transaction, such as cash on hand, safety deposit box, and a particular bank or investment account.

Salary/wages	YES	NO
Business	YES	NO
Gifts/Inheritance	YES	NO
Legal Claims	YES	NO
Investment Income	YES	NO
Others	YES	NO

Other source of funds

d. What is the nature of occupation and/or business of client?

Submission Checklist

- Investor Risk Profile Questionnaire
- Certificate of Interim Coverage
- Authorization To Furnish Medical or Other Related Information
- Agent's Confidential Report
 - Agent's Confidential Report
- Proof of Payment
 - Pay Online: NO YES
 - Proof of Payment
- Reference Number: Jh77hhjh

Valid ID

d. What is the nature of occupation and/or business of client?

Banking	YES	NO
Manufacturing	YES	NO
Information Technology	YES	NO
Others	YES	NO

Other nature txt

e. What is the reason for the transaction? (If purchasing a new policy, what is the purpose of the policy)

Security	YES	NO
Protection	YES	NO



SUBMISSION CHECKLIST: ENHANCED DUE DILIGENCE (EDD)

Submission Checklist

Investor Risk Profile Questionnaire

Certificate of Interim Coverage

Authorization To Furnish Medical or Other Related Information

Agent's Confidential Report

Agent's Confidential Report

Proof of Payment

Pay Online NO YES

Proof of Payment

Reference Number: Jh77hhjh

Valid ID

e. What is the reason for the transaction? (If purchasing a new policy, what is the purpose of the policy)

Security	<input type="radio"/> YES	<input type="radio"/> NO
Protection	<input type="radio"/> YES	<input type="radio"/> NO
Health	<input type="radio"/> YES	<input type="radio"/> NO
Education	<input type="radio"/> YES	<input type="radio"/> NO
Retirement	<input type="radio"/> YES	<input type="radio"/> NO
Estate Planning	<input type="radio"/> YES	<input type="radio"/> NO
Others	<input type="radio"/> YES	<input type="radio"/> NO

Reason txt others

Submission Checklist

Investor Risk Profile Questionnaire

Certificate of Interim Coverage

Authorization To Furnish Medical or Other Related Information

Agent's Confidential Report

Agent's Confidential Report

Proof of Payment

Pay Online NO YES

Proof of Payment

Reference Number: Jh77hhjh

Valid ID

f. Confirm date of birth form duly authenticated official document

Passport	<input type="radio"/> YES	<input type="radio"/> NO
NSO Birth Certificate	<input type="radio"/> YES	<input type="radio"/> NO
Marriage Contract	<input type="radio"/> YES	<input type="radio"/> NO
Others	<input type="radio"/> YES	<input type="radio"/> NO

Hmkjik

g. Verify permanent address through evaluation of proof of billing (utility bills/credit card statement etc.) or do an ocular visit/on-site visitation

Utility Bills	<input type="radio"/> YES	<input type="radio"/> NO
Credit Card Statement	<input type="radio"/> YES	<input type="radio"/> NO

Submission Checklist

Investor Risk Profile Questionnaire

Certificate of Interim Coverage

Authorization To Furnish Medical or Other Related Information

Agent's Confidential Report

Agent's Confidential Report

Proof of Payment

Pay Online NO YES

Proof of Payment

Reference Number: Jh77hhjh

Valid ID

g. Verify permanent address through evaluation of proof of billing (utility bills/credit card statement etc.) or do an ocular visit/on-site visitation

Utility Bills	<input type="radio"/> YES	<input type="radio"/> NO
Credit Card Statement	<input type="radio"/> YES	<input type="radio"/> NO
On-site Visit	<input type="radio"/> YES	<input type="radio"/> NO
Others	<input type="radio"/> YES	<input type="radio"/> NO

Jmkjku

h. If the client is involved in any litigation case, kindly request client to submit a written statement pertaining to the status of the case together with the pertinent court document/s.

Court Decision	<input type="radio"/> YES	<input type="radio"/> NO
Court Resolution	<input type="radio"/> YES	<input type="radio"/> NO

Submission Checklist

Investor Risk Profile Questionnaire

Certificate of Interim Coverage

Authorization To Furnish Medical or Other Related Information

Agent's Confidential Report

Agent's Confidential Report

Proof of Payment

Pay Online NO YES

Proof of Payment

Reference Number: Jh77hhjh


Valid ID

h. If the client is involved in any litigation case, kindly request client to submit a written statement pertaining to the status of the case together with the pertinent court document/s.

Court Decision	<input type="radio"/> YES	<input type="radio"/> NO
Court Resolution	<input type="radio"/> YES	<input type="radio"/> NO
Court Affidavit	<input type="radio"/> YES	<input type="radio"/> NO
Others	<input type="radio"/> YES	<input type="radio"/> NO

Nmikihf


Agent's Signature





SUBMISSION CHECKLIST: VALID ID (AO)

Valid ID

Valid ID (AO) 

ID Type Passport (local an... ▼

ID Expiration Date September 29, 202..

Birth Date on ID December 14, 1994

Tap this icon to upload or capture the photo of the ID.

- Valid ID must contain the AO's photo and signature.

Valid ID (AO)  

Tap this to delete the uploaded image.

Tap this to open the preview.



SUBMISSION CHECKLIST: SUBMITTING YOUR APPLICATION

Submission Checklist

Agent's Confidential Report

Agent's Confidential Report

Proof of Payment

Proof of Payment

Reference Number: 1234567890

Valid ID

Valid ID (AO)

ID Type: Passport (local an...)

ID Expiration Date: September 15, 202..

Birth Date on ID: September 15, 200..

SUBMIT

Agent's Confidential Report

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?

YES NO

2. What is purpose of this insurance?

Income Continuation Estate Creation

Mortgage Keyman Insurance

Others

3. What is annual household income during the past year of the Applicant Owner Proposed Insured?

Household Income

Applicant Owner: PHP 25000

4. In the past 5 years, has the Proposed Insured:

a) Been a member of the military police or police or

- Upload image containing proof of payment and input the transaction reference number.
- Options for Payment of Initial Premium via Journey:
 - Over the Counter
 - Online bills payment via BDO and Metrobank

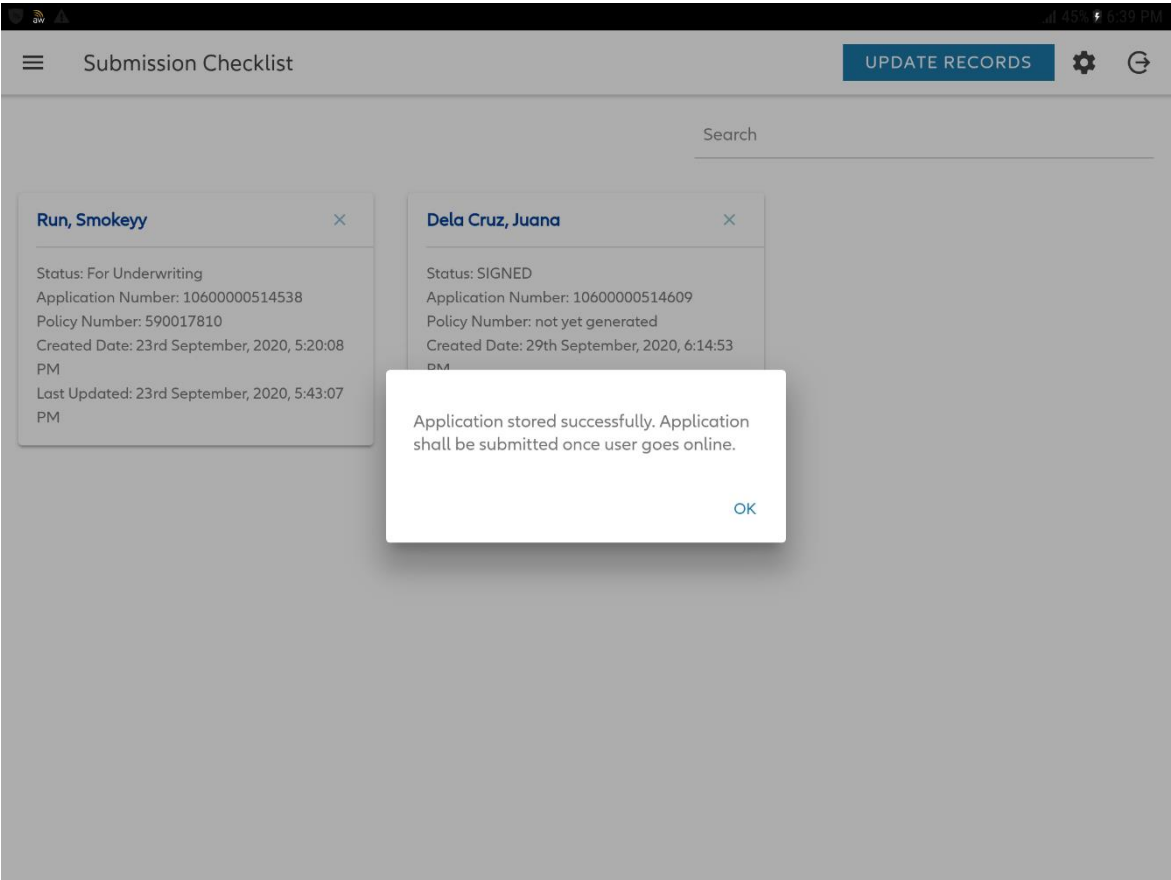


Once everything is accomplished, tap this.

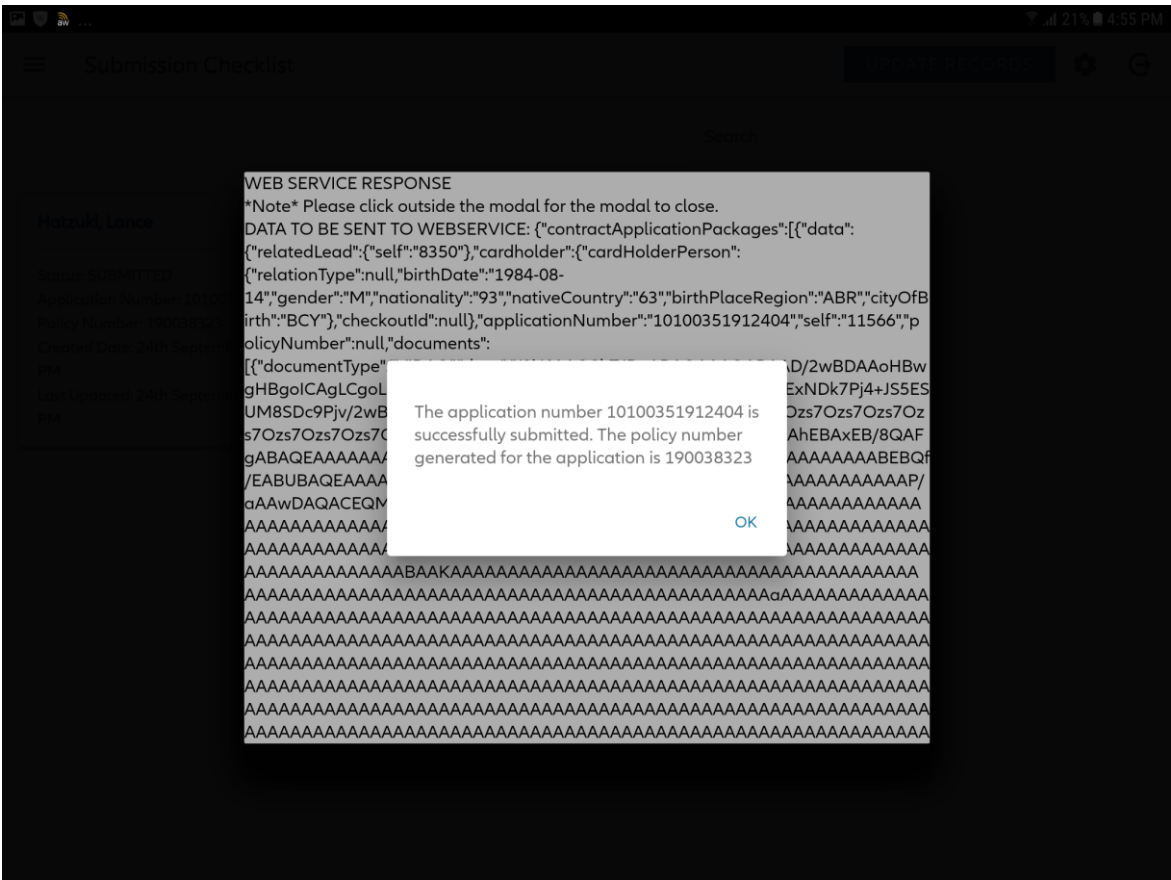
"SUBMIT" button is a SYNC point. If you are online, all info up to this point will be saved and sent to the company's database



SUBMISSION CHECKLIST: SUBMITTING YOUR APPLICATION



Offline Submission



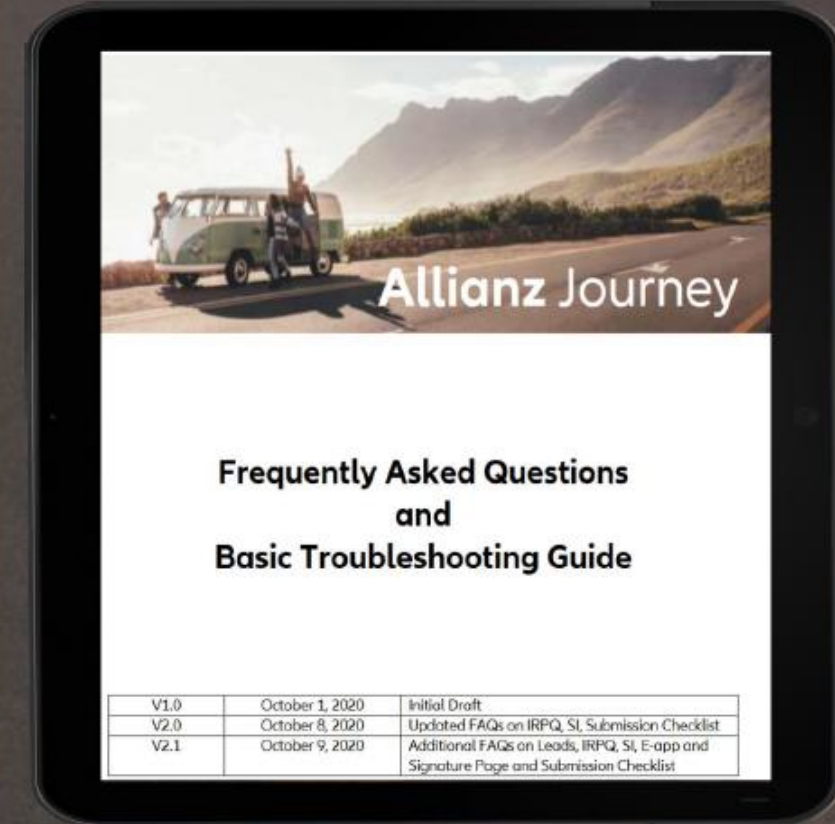
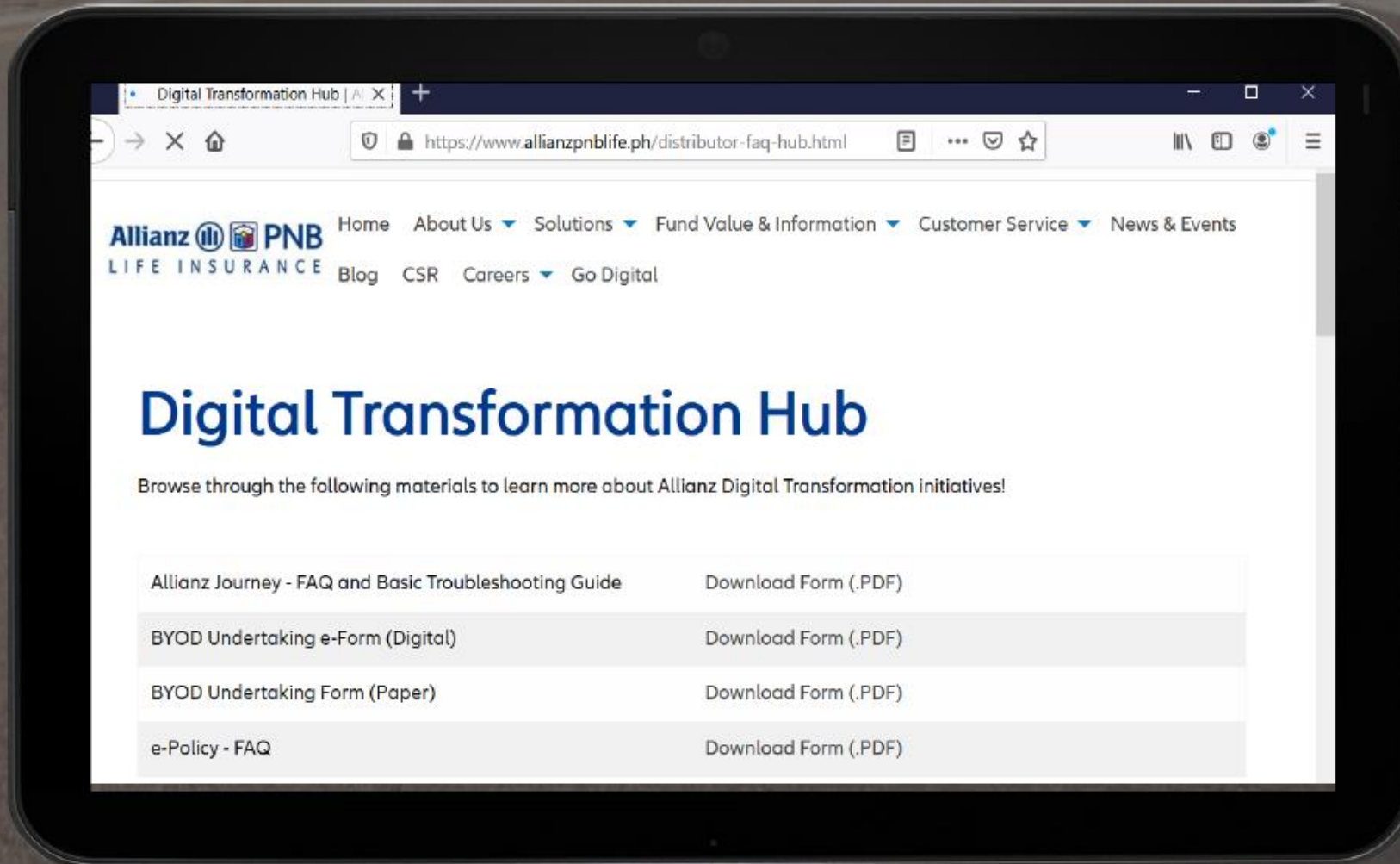
Online Submission

You must be online to successfully submit your application. If successfully submitted, you will see a message containing a 9-digit policy number

NEED SUPPORT?



VISIT OUR SITE!



<https://www.allianzpnblife.ph/distributor-faq-hub.html>



WE WILL BE HAPPY TO HELP YOU!



Level 1: Basic User Inquiries & Troubleshooting

- SM / MP
- BDS / SSS
- *Champions/Ambassadors (from Pilot Launch)



Level 2: User Cannot Submit, User Cannot Log-In, Download/Installation Issues & UI/UX Issues

Email IT.helpdesk@allianzpnblife.ph



THANK YOU!