

APPLICATION FOR LIFE INSURANCE

SIMPLIFIED ISSUANCE OFFER (SIO)



Allianz PNB Life Insurance, Inc.

Application No. _____

Please print clearly and completely blacken the circle. If possible, use black ink. Any change should be countersigned by the Proposed Insured and/or Applicant Owner.

PROPOSED INSURED (PI) INFORMATION (Please fill out Applicant Owner Information if the Owner/Payor is different from the Proposed Insured)

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**.

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

Mobile Number _____ Email _____

Date of Birth (mm/dd/yyyy) ____/____/____ Place of Birth (city/mun, prov, country) _____

Gender Male Female Nationality Filipino Other _____

Civil Status Single Widowed Annulled Married Separated Divorced

Present Address

Unit/ Building Name: _____

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

Barangay/Subdivision: _____

City/Municipality _____ Province _____

Country _____ Zip Code _____

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

Are you a U.S. Person? Yes No If YES, fill out the W-9 Form and the Consent and Waiver Form. If deemed as a non-US person, fill out the W-8-BEN Form to certify that you are a non-US person.

Plan Name: _____ Sum Assured: _____

Mode of Payment Annual Semi Annual Quarterly Monthly If you wish to pay monthly, please choose between Credit Card or Auto Debit only.

Payment Scheme Cash/Check Credit Card Auto Debit Fill out the applicable form for the chosen payment scheme as necessary. Visit <http://bit.ly/AZPHPaymentFacilities> for more details.

Non-forfeiture Option (if applicable): Net Surrender Paid-Up Insurance Extended Term Insurance

Policy Dividend Option (if applicable): Cash Left to Accumulate Reduction Premium Paid-Up Additions

Work Information

Unit/ Building Name: _____

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

Barangay/Subdivision: _____

City/Municipality _____ Province _____

Country _____ Zip Code _____

Occupation (Title and or Duties) _____

Employer _____

Nature of Business _____

Valid ID No. _____

Designated Beneficiaries Default Nominated (Please fill out and sign an additional Beneficiary Sheet if you have more than 1 beneficiary)

Default beneficiary refers to the first surviving class of the following beneficiary classes in this order (a) Insured's widow or widower; (b) Any of the surviving children born to or legally adopted by the Insured; (c) Any of the surviving parents of the Insured; (d) Any of the surviving brothers or sisters of the Insured; and (e) Executors or administrators. If you prefer to name your Beneficiary, please nominate them below.

The written CONSENT of ALL IRREVOCABLE beneficiaries will be required in all future transactions on the Policy. It is understood that the beneficiaries share equally unless indicated otherwise in the % Share column.

IMPORTANT NOTE ON MINOR BENEFICIARIES:

According to Section 182 of the Revised Insurance Code, minors may exercise their rights (including receiving benefits and giving consent as irrevocable beneficiaries) under the insurance policy only through a Guardian. The parent/s, by default, are the minor's guardian. When the interest of the minor exceeds Five Hundred Thousand Pesos (PHP 500,000.00), the law further requires that a petition be filed in court for the posting of a guardian's bond.

Beneficiary 1

Relationship to Proposed Insured _____

Share _____ %

Beneficiary Type Revocable Irrevocable

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

Mobile Number _____ Email _____

Date of Birth (mm/dd/yyyy) ____/____/____ Place of Birth (city/mun, prov, country) _____

Gender Male Female Nationality Filipino Other _____

Present Address Same as Present Address of Applicant Owner; If not, indicate the address below:

Unit/ Building Name: _____

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

Barangay/Subdivision: _____

City/Municipality _____ Province _____

Country _____ Zip Code _____

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 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 I am not engaged in any of the unlawful activities listed in the Anti-Money Laundering Act of 2001 (AMLA), as amended, and that I declare that the funds where premiums are sourced from, were not generated from any of the unlawful activities listed;
8. That during the effectivity of the policy, I agree that in case **Allianz PNB Life Insurance, Inc.** is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act (AMLA), as amended and relevant issuances, due to my fault, **Allianz PNB Life Insurance, Inc.** may apply the following: a) Measures to restrict the services available or prohibit any further transactions on the policy until full and proper CDD measures have been successfully conducted; b) In case the foregoing is unsuccessful, terminate business relationship. The exercise of **Allianz PNB Life Insurance, Inc.** of this measure shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable;
9. That I am bound by obligations set out in the relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities;
10. That if I decide to transact with **Allianz PNB Life Insurance, Inc.**, through electronic means, I agree to be solely responsible for the safekeeping of my password and/or other electronic identification, and shall hold **Allianz PNB Life Insurance, Inc.** free and harmless from any and all misuse of such password and/or electronic identification; and
11. I hereby expressly authorize **Allianz PNB Life Insurance, Inc.**, to obtain, collect, 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 (Personal Data), about me, the life to be insured, my designated beneficiaries, and if applicable, the beneficial owner/s of my Policy for the following to:
 - i. facilitate issuance of my Policy, process claims and other policy benefits, monitor and improve the quality of my Policy/ies and such services availed of by me, through programs including but not limited to offer of related products, customer satisfaction surveys, and statistical, actuarial and risk analyses;
 - ii. comply with legal or regulatory obligations of **Allianz PNB Life Insurance, Inc.** under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering, and tax monitoring/review/reporting.

I shall inform **Allianz PNB Life Insurance, Inc.** of any changes relating to my Personal Data.

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

12. I understand that my policy, including any endorsements, riders and other related documents (Policy), will be sent to me in electronic format. 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. This includes Premium Reminders, Renewal Notices, Reinstatement Notices, and other related documents. If I need a copy of my Policy, notices and other correspondence in paper form, I will contact **Allianz PNB Life Insurance, Inc.** by sending an e-mail to info@allianzpnblife.ph.

COOLING-OFF PERIOD (IF APPLICABLE; PLEASE REFER TO YOUR POLICY CONTRACT FOR FULL DETAILS).

If, after reading the Policy Contract and you don't agree to any of its terms or conditions, you have the option to cancel and return it to us within fifteen (15) days from the date you received it. Please refer to your Policy Contract for the amount to be refunded.

ACKNOWLEDGEMENT OF VARIABILITY (APPLICABLE ONLY FOR PARTICIPATING LIFE INSURANCE POLICY)

I hereby acknowledge the following:

1. I am applying for a participating life insurance with **Allianz PNB Life Insurance, Inc.**
2. I understand that as the Applicant Owner/Payor of a participating life insurance policy, I am eligible to receive dividends, subject to the following limitations/ conditions:
 - a) **Allianz PNB Life Insurance, Inc.** in its sole discretion determines the amount of dividends, if any; and
 - b) Dividend rates will typically vary based on the performance of a number of factors including Allianz PNB Life Insurance, Inc.'s investment returns, mortality experience, expense and taxes; and
 - c) In view of the variability of dividend performance, it is not guaranteed:
 - (i) that there will be accumulated dividends sufficient to offset any future premiums; and/or
 - (ii) that the Policy will become self-liquidating (i.e., able to pay its own premiums) in the future.
3. That **Allianz PNB Life Insurance, Inc.** shall have the right to adopt or change the basis for any distribution of surplus and for the determination of any amount to be apportioned by way of dividend to said policy (if participating).

SIGNATURES

If a material fact is not disclosed in this application, any policy issued may not be valid. If in doubt as to whether a fact is material, you are advised to disclose it. This includes information that you may have provided to the Intermediary but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

I agree with the declarations and conditions of this application, and I declare that all statements I have made are true, completely and correctly recorded to the best of my knowledge and belief.

Signature over Printed Name of Proposed Insured

Signed in the Philippines on Date (mm/dd/yyyy)

Signature over Printed Name of Applicant Owner,
if other than Proposed Insured

REFERROR & REFERRING BRANCH DETAILS (FOR BANK CLIENTS)

Name of Referror _____
(last name, first name, middle name)

Referror's ID No. _____ Bank _____

Referring Branch _____

Signature of Referror _____

Date Signed (mm/dd/yyyy) ____/____/____

INTERMEDIARY DECLARATIONS

A. DECLARATIONS ON THE PROPOSED REPLACEMENT OF EXISTING POLICY (IES)

Is the Policy applied for intended to change or replace any existing insurance in force on the life of the Proposed Insured? Yes No
(If yes, please furnish details below and accomplish the Replacement Notification Form)

Will premiums for the Insurance applied for be paid by a policy loan, withdrawal, or surrender from any existing policy? Yes No
(If yes, please furnish details below and accomplish the Replacement Notification Form)

B. SIGNATURE

There are no known factors (health or otherwise) evident from the application form that could affect the evaluation of the application. Furthermore, the identity of the Proposed Insured, Application Owner or Beneficiary is not any of the following:

- A Politically Exposed Person (PEP) or an immediate family member or a close associate of politically exposed person
- A remittance agent, money changer or foreign exchange dealer
- A member of Non-Government Organization (NGO), Non-Profit Organization (NPO) or Foundation
- Connected with a casino and related gaming entities
- A customs broker, a jewel / gem / precious metal dealer
- A gun / ammunition / military equipment dealer
- A shell company
- From High Risk Jurisdictions/Countries that is recognized as having inadequate internationally accepted anti-money laundering standards; does not sufficiently regulate business to counteract money-laundering; fails to incorporate Financial Action Task Force (FATF) recommendation into its regulatory regimes
- From countries that exhibits a relatively high prevalence or risk of crime, corruption, or terrorist financing

Otherwise, Enhanced Due Diligence (EDD) form must be filled out and submitted.

I certify that I have verified the identity of the Proposed Insured and/or Applicant Owner.

I have personally presented and explained the product and its benefits and have personally witnessed the Proposed Insured and/or Applicant Owner signing the application before the application is submitted.

Signature over Printed Name of Intermediary

Code

Signed in the Philippines on Date (mm/dd/yyyy)

FOR HOME OFFICE USE ONLY - CORRECTIONS AND AMENDMENTS

REPLACEMENT NOTIFICATION FORM

Proposed Insured (last name, first name, middle name) _____

Address _____ Date of Birth (mm/dd/yyyy) _____

Applicant Owner, if other than the insured (last name, first name, middle name) _____

Existing Policies to be replaced:

COMPANY (as it appears in the Policy Contract)	INSURED (as it appears in the Policy Contract)	POLICY NO.
_____	_____	_____
_____	_____	_____

I certify that I understand the nature of the change and hereby affix my signature below.

Signature over Printed Name of Applicant Owner

Date (mm/dd/yyyy)

AUTHORIZATION TO FURNISH MEDICAL OR OTHER RELATED INFORMATION

Allianz PNB Life Insurance, Inc. is considering an application for insurance on my life and I hereby consent and authorize that:

- Any physician, clinic, insurance company or other insurance industry association, institution or person that has any record of me and/or the proposed insured named in this application, may release or give to Allianz PNB Life Insurance, Inc. or its authorized representative, any and all information about me and/or the proposed insured named in this application;
- Any information collected and held by Allianz PNB Life Insurance, Inc. may be released and/or disclosed to its affiliated companies and agents, other insurance companies and their affiliates and any medical information sharing facility of the insurance industry for any legitimate purpose, including but not limited to underwriting and administration of insurance coverage and claims;
- I and/or the proposed insured named in this application, may be subjected to HIV testing for the purpose of underwriting this application or the coverage related to the insurance policy, if issued;
- A personal investigation on me and/or the proposed insured named in this application be conducted by a duly authorized inspection agency which will provide any applicable information concerning my character, general reputation, personal characteristic, mode of living, health and financial status through personal interviews with friends, neighbors and associates.

A photocopy (or similar copy) of this authorization shall be valid as the original. This authorization is in connection with my application for insurance only.

Signature over Printed Name of Proposed Insured

Signature over Printed Name of Witness

Date Signed (mm/dd/yyyy)

CERTIFICATE OF INTERIM COVERAGE

Allianz PNB Life Insurance, Inc. shall provide insurance coverage to the Proposed Insured if this certificate is signed and the following conditions are satisfied:

- The first acceptable modal premium has been paid with the Application, except worksite applications. For worksite applications, a valid authorization for premium deduction is submitted and received by the company together with the application; and
- All Underwriting requirements are fully complied with and the application is approved or would have been approved at standard rating based on existing underwriting guidelines of the company; and
- All required questions of the Application are answered completely and truthfully

LIMITATION ON AMOUNT OF INSURANCE

The amount of benefits payable on the death of the life to be insured pursuant to this certificate is the amount which Allianz PNB Life Insurance, Inc. would have paid in accordance with the provisions of the insurance policy had it been issued but not to exceed PhP 2,000,000.00 in total when all amounts of benefits payable are converted to the Peso denomination using the prevailing exchange rate at the date of death of life to be insured, including any accidental death benefit, under all Certificate of Interim Coverages in force in respect of the deceased Insured. The benefits will be prorated among all Certificate of Interim Coverages in force on the same deceased Insured. Any amount paid for the amount of insurance in excess of Allianz PNB Life Insurance, Inc.'s liability under this certificate shall be returned to the Company.

TERMINATION OF COVERAGE ON THE LIFE INSURED WILL BE THE EARLIEST OF THE FOLLOWING:

- The date a termination notice is sent by Allianz PNB Life Insurance, Inc. to the applicant;
- The date a policy is issued and takes effect as a result of the Application;
- The date the application for insurance is cancelled as requested in writing by the applicant; and
- The date of death of the Proposed Insured

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 if the Insured's death is due to suicide committed beyond two (2) years from the policy date or the date of approval of last reinstatement (if any). However, suicide committed in the state of insanity will 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.