

Form No. MCBL NB PEPQ (v.07/2020)

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Politically Exposed Person (PEP) Questionnaire

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures

. ,	Name of Policyowner (Last, First, Middle Name)			
Please accomplish one for every Politi PEP Information	cally Exposed Person.			
Name of PEP (Last, First, Middle) Name				
What public position is or was held by th ☐ Head of state or government (Presid) ☐ Member of the executive council of undersecretary, assistant Secretary representative, mayor, vice mayor, co ☐ Ambassador or an ambassador's att ☐ Military officer with a rank of a ger the rank of general or above (i.e. P ☐ President of a government owned or ☐ Head of a government agency such Telecommunications Commission, director, deputy or assistant director ☐ Member of the judiciary with the ran ☐ Political party official (i.e. Chairman, General) ☐ Others, please specify title/position:	ent, Vice President) government or Member deputy minister or equipment or councilor, governor, vice go aché or counselor meral or above or Membrolice Director General or controlled corporation or as Bureau of Internal Retc. with the rank of control or	vivalent, senator, congressman overnor, board member, punong er of the Philippine National Poor above) r bank evenue, Bureau of Customs, Na nmissioner, deputy commission	secretary, party list barangay) olice with ational er,	During what time period was the position held? From To In what country was the position held?
What is the relationship of the PEP to Proposed Insured? Spouse or common-law partner Child Spouse of the child Mother or father Brother, brother-in-law, sister, sistential f-brother, or half-sister Spouse's or common-law partner's or father Close relationship/professional as please specify: Others, please specify: Provide details below if there are reason of Proposed Insured or Owner is PEP II., the Financial Advisor, have read the knowledge and official records. I furth the original, authentic and legitimate is Owner/Payor before the application with the proposed Insured or Owner is PEP II.	Owner (if Spou Child Spou Moth er-in-law, mother Spou or fa' sociate Close pleas Othe onable grounds to suspect out was not disclosed: above questions, statemer confirm that I have videntification document	see of the child her or father her, brother-in-law, sister, sister brother, or half-sister se's or common-law partner's ther he relationship/professional ass se specify: her, please specify: hect that any of the Proposed Inserts and answers and they are	r-in-law, mother sociate sured or Owner re complete an	nd true based on my personal and/or Owner/Payor against
Financial Advisor's Signature Over Printed Name Date Signed (mm/dd/yyyy) Place Signed				