Manulife | Chinabank

LIFE ASSURANCE CORPORATION

Manulife China Bank Life Assurance Corporation
Head Office: 10th Floor, NEX Tower, 6786 Ayala Avenue, Makati City, 1229 Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1-800-1-888-6268
Website: www.manulife-chinabank.com.ph
Email:phcustomercare@manulife.com

Politically Exposed Person (PEP) Questionnaire

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

Policy No.	Name of Policyowner (Last, First, Middle Name)

Please accomplish one for every Politically Exposed Person.

PEP Information

Name of PEP (Last, First, Middle) Name

What public position is or was held by the PEP?

- ☐ Head of state or government (President, Vice President)
- ☐ Member of the executive council of government or Member of the Legislature (i.e. cabinet secretary, undersecretary, assistant Secretary, deputy minister or equivalent, senator, congressman party list representative, mayor, vice mayor, councilor, governor, vice governor, board member, punong barangay)
- ☐ Ambassador or an ambassador's attaché or counselor
- ☐ Military officer with a rank of a general or above or Member of the Philippine National Police with the rank of general or above (i.e. Police Director General or above)
- ☐ President of a government owned or controlled corporation or bank
- ☐ Head of a government agency such as Bureau of Internal Revenue, Bureau of Customs, National Telecommunications Commission, etc. with the rank of commissioner, deputy commissioner, director, deputy or assistant director
- ☐ Member of the judiciary with the rank of Judge or Justice
- ☐ Political party official (i.e. Chairman, Vice Chairman, President, Vice President, Treasurer, Secretary General)
- ☐ Others, please specify title/position: _____

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 the Proposed Insured?

- ☐ Spouse or common-law partner
- ☐ Child
- ☐ Spouse of the child
- ☐ Mother or father
- ☐ Brother, brother-in-law, sister, sister-in-law, half-brother, or half-sister
- ☐ Spouse's or common-law partner's mother or father
- ☐ Close relationship/professional associate please specify: _____
- ☐ Others, please specify: _____

What is the relationship of the PEP to the Owner (if other than Proposed Insured)?

- ☐ Spouse or common-law partner
- ☐ Child
- ☐ Spouse of the child
- ☐ Mother or father
- ☐ Brother, brother-in-law, sister, sister-in-law, half-brother, or half-sister
- ☐ Spouse's or common-law partner's mother or father
- ☐ Close relationship/professional associate please specify: _____
- ☐ Others, please specify: _____

What are the sources of funds that are being or will be deposited into this account?

- ☐ Salary/wages
- ☐ Gifts/Inheritance
- ☐ Legal Claims
- ☐ Investment Income
- ☐ Business
- ☐ Savings
- ☐ Prizes or other winnings
- ☐ Sale of assets
- ☐ Remittances
- ☐ Others: _____

Provide details below if there are reasonable grounds to suspect that any of the Proposed Insured or Owner or Immediate Family Member of Proposed Insured or Owner is PEP but was not disclosed:

I, the Financial Advisor, have read the above questions, statements and answers and they are complete and true based on my personal knowledge and official records. I further confirm that I have verified the identity of the Proposed Insured and/or Owner/Payor against the original, authentic and legitimate identification documents submitted and have interviewed the Proposed Insured and /or Owner/Payor before the application was submitted.

Financial Advisor's Signature Over Printed Name	Date Signed (mm/dd/yyyy)	Place Signed