

Institution Information

Please answer completely and accurately and in block letters. Use black ink. Answer all fields, put "N/A" if not applicable. Any change should be counter-signed by Policy Owner/s. In this form, "I/we", "you" and "your" means the Policy Owner/s. "The Company" means the Manulife China Bank Life Assurance Corporation. This form is required if the owner of the policy is an institution. This will be submitted together with the application form.

Institution Information

Policy No.	1 Name of Institution (Full Legal Name)		
2 Nature/Line of Business			
3 Current Office/Business Address		4 Other Office/Business Address	
Floor/No., Building/Street, Subdivision/Village		Floor/No., Building/Street, Subdivision/Village	
Barangay/District, Town/City		Barangay/District, Town/City	
Province/State, Country, Zip Code		Province/State, Country, Zip Code	
5 Date of Incorporation (dd/mm/yyyy)	6 Country of Incorporation	7 Company Incorporation/Organization No.	
8 Country/ies where Institution is Operating/Doing Business (Indicate all that apply)			
9 Contact Nos. (Area Code) Phone No.			
Business ()	Fax ()	Mobile, if any ()	
10 Email Address (You will receive updates, notices and promotions via email.)		<input type="checkbox"/> I do not want to receive updates, notices and promotions via email.	11 Tax Identification No. (TIN)
12 Preferred Mailing Address			
<input type="checkbox"/> Current Office/Business Address		<input type="checkbox"/> Others, pls. specify	
<input type="checkbox"/> Other Office/Business Address			
13 Source/s of Funds (check all that apply)			
<input type="checkbox"/> Business Income		<input type="checkbox"/> Investments or investment income (i.e. interest, dividends, royalty, etc.)	
<input type="checkbox"/> Rental Income		<input type="checkbox"/> Proceeds from sale / transfer / disposition / lease of assets	
<input type="checkbox"/> Remittances from (country):		<input type="checkbox"/> Other income (pls. specify):	
14 Estimated Annual Income (in Php)			

Other Institution Information

15 Is your institution incorporated / organized in the United States of America (US) or under the laws of the US or any US State? <input type="checkbox"/> Yes <input type="checkbox"/> No	17 If your company is a US Owned Foreign Entity, please tick the most appropriate box relative to your company / ultimate beneficial owner/s: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
16 Does your institution have a Beneficial Owner/s? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please accomplish the Certification of Beneficial Owners form. Beneficial Owner is any natural person who directly or indirectly owns or control 20% or more of the shares of a legal entity.	NOTES: CORPORATION – Substantial US Owner (Held by one or more specified US persons - meaning any specified person owning directly or indirectly at least twenty percent (20%) of the stock of such corporation (by vote or value). PARTNERSHIP (Partners born in or out of the United States. Owns directly or indirectly at least twenty percent (20%) of the profits, interest or capital interest in such partnership).

Authorized Signatory 1

Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	Middle Name <input type="checkbox"/> Do not know / not applicable	Last Name
Tax Identification No. (TIN):	SSS/GSIS No.:	For Foreign Nationals: <input type="checkbox"/> ACR No. or <input type="checkbox"/> Passport No. _____	Expiration Date: _____
Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code)			
Current Office Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code)			
Date of Birth (mm/dd/yyyy)	Place of Birth (Municipality/City/State, Country)	Nationality	
Nature of Work / Business / Position	Source of Funds	Name of Employer / Business	
Contact No/s. (Country Code + Area Code + Phone No.)			
Signature Specimen 1	Signature Specimen 2	Signature Specimen 3	

Authorized Signatory 2

Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	Middle Name <input type="checkbox"/> Do not know / not applicable	Last Name
Tax Identification No. (TIN):	SSS/GSIS No.:	For Foreign Nationals: <input type="checkbox"/> ACR No. or <input type="checkbox"/> Passport No. _____	Expiration Date: _____
Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code)			
Current Office Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code)			
Date of Birth (mm/dd/yyyy)	Place of Birth (Municipality/City/State, Country)	Nationality	
Nature of Work / Business / Position	Source of Funds	Name of Employer / Business	
Contact No/s. (Country Code + Area Code + Phone No.)			
Signature Specimen 1	Signature Specimen 2	Signature Specimen 3	

For Financial Sales Associate Use Only

I declare that I have personally checked the identity of the authorized signatories against the identification documents provided.

Financial Sales Associate's Signature over Printed Name

Date Signed (mm/dd/yyyy)

For Manulife China Bank Use Only

Reviewed and received by:

Employee Signature over Printed Name

Branch

Date Signed (mm/dd/yyyy)