Manulife China Bank
LIFE ASSURANCE CORPORATION
a joint venture between Manulife Philippines and China Banking Corporation

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

Certification of Beneficial Owners

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. Please provide at least two valid IDs.

General Information

Policy No.	Name of Policyowner (Last, First Name) (Middle Name) ☐ Do not know/not applicable
Email Address	Mobile Number (Country code, Area code, Phone number)

Individual applicant-owner and the authorized signatory/ies purchasing a policy on behalf of a legal entity must provide the following information.

Beneficial Owner Information

Beneficial Owner 1: _____ % of Ownership

Name (Last, First Name) (Middle Name) ☐ Do not know/not applicable	Contact Nos. (Area Code) Phone No. Business ( )_____ Mobile, if any ( )_____	Email Address	Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female

Present Address

Floor/No., Bldg/Street, Subd./Village, Brgy/District, Town/City Province/State Country Zip Code

City of Birth	Country of Birth	Citizenship/s (indicate all)	Nationality (if other than Citizenship)
Valid ID Type	ID Number	TIN	Occupation / Nature of Work

Source/s of Funds ☐ Salary ☐ Business ☐ Savings ☐ Remittances ☐ Others: _____

Beneficial Owner 2: _____ % of Ownership

Name (Last, First Name) (Middle Name) ☐ Do not know/not applicable	Contact Nos. (Area Code) Phone No. Business ( )_____ Mobile, if any ( )_____	Email Address	Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female

Present Address

Floor/No., Bldg/Street, Subd./Village, Brgy/District, Town/City Province/State Country Zip Code

City of Birth	Country of Birth	Citizenship/s (indicate all)	Nationality (if other than Citizenship)
Valid ID Type	ID Number	TIN	Occupation / Nature of Work

Source/s of Funds ☐ Salary ☐ Business ☐ Savings ☐ Remittances ☐ Others: _____

Beneficial Owner 3: _____ % of Ownership

Name (Last, First Name) (Middle Name) ☐ Do not know/not applicable	Contact Nos. (Area Code) Phone No. Business ( )_____ Mobile, if any ( )_____	Email Address	Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female

Present Address

Floor/No., Bldg/Street, Subd./Village, Brgy/District, Town/City Province/State Country Zip Code

City of Birth	Country of Birth	Citizenship/s (indicate all)	Nationality (if other than Citizenship)
Valid ID Type	ID Number	TIN	Occupation / Nature of Work

Source/s of Funds ☐ Salary ☐ Business ☐ Savings ☐ Remittances ☐ Others: _____

Beneficial Owner 4: _____ % of Ownership

Name (Last, First Name) (Middle Name) ☐ Do not know/not applicable	Contact Nos. (Area Code) Phone No. Business ( )_____ Mobile, if any ( )_____	Email Address	Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female

Present Address

Floor/No., Bldg/Street, Subd./Village, Brgy/District, Town/City Province/State Country Zip Code

City of Birth	Country of Birth	Citizenship/s (indicate all)	Nationality (if other than Citizenship)
Valid ID Type	ID Number	TIN	Occupation / Nature of Work

Source/s of Funds ☐ Salary ☐ Business ☐ Savings ☐ Remittances ☐ Others: _____

Beneficial Owner 5: _____ % of Ownership

Name (Last, First Name) (Middle Name) ☐ Do not know/not applicable	Contact Nos. (Area Code) Phone No. Business ( )_____ Mobile, if any ( )_____	Email Address	Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female

Present Address

Floor/No., Bldg/Street, Subd./Village, Brgy/District, Town/City Province/State Country Zip Code

City of Birth	Country of Birth	Citizenship/s (indicate all)	Nationality (if other than Citizenship)
Valid ID Type	ID Number	TIN	Occupation / Nature of Work

Source/s of Funds ☐ Salary ☐ Business ☐ Savings ☐ Remittances ☐ Others: _____

Declarations and Signatures

I have read the above questions, statements and answers and I certify that the information provided above is true, correct and complete based on my personal knowledge and official records. If signing for the legal entity identified above, I certify that I have the capacity to sign for such legal entity.

I understand that this will form part of the Owner's application form and/or insurance with Manulife Chinabank Life Assurance Corp. (the "Company").

The Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of the Company's products and services, I agree that the information I provided (including the information of third parties) and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Company, including its shareholders, directors and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at https://www.manulife-chinabank.com.ph/Customer-Privacy-Policy for purposes of:

- underwriting and approving my application;
- administering, serving and reinsuring my policy;
- marketing of products and services offered by the Company, any member of the Manulife Financial Group and those of its business partners; promoting, getting feedback on its products and services, and measuring client satisfaction;
- conducting data analytics and doing automated data processing;
- preventing money laundering or terrorist financing activities;
- complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
- the Company's internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and
- for other reasonable purposes related to the services provided.

Date and Place signed _____

_____
Policyowner

_____
Authorized Signatory (for Institutions) Signature over printed name

_____
Authorized Signatory (for Institutions) Signature over printed name

_____
Financial Sales Associate (as Witness) Signature over Print ed Name / FA Code

For Manulife China Bank Life Use Only

Valid IDs: Type: _____ ID#: _____ ☐ Documents Presented: _____

Documents received and validated by: _____ _____ _____
Name of CSO Branch Date (mm/dd/yyyy)