

Application Submission Checklist

Policy No. _____
Plan Name _____

Use this guide to ensure the accuracy and completeness of each application

To be filled out by Financial Sales Associate

Insured's Name: _____ Owner's Name: _____

Application Form

- With signature on Page 5 and Replacement Notification Form (if applicable)?
- With mobile number and email address?
- Complete beneficiary details? (including trustee if applicable)

Proposal

- Proposal date is still within 60 days from date of generation?
- Proposal consistent with plan being applied for?
- Fund allocation form attached? (For VL)

Primary IDs and other IDs (Clear copy, photo-bearing, signed, and still valid)

Primary IDs (1 of below)

- TIN ID
- National ID
- Alien Certificate of Registration
- SSS/GSIS/UMID
- Driver's License
- Birth Certificate of Insured
-required only for minor not yet of school-age
- PRC ID
- School ID
- Passport
- Passport with SIRV/SRRV

Secondary IDs (2 of below)

- Senior Citizen Card
- NCWDP Certificate
- NBI Clearance²
- GOCC ID
- Police Clearance Certificate
- AFP ID²
- HDMF ID
- Philhealth ID
- OWWA ID²
- Company ID
- Barangay ID²
- OFW ID²
- Postal or Philpost ID
- Seaman's Book²
- IBP ID²
- Firearm License Card
- Voter's ID²

*Affix 3 signatures on photocopy (should match signature in ID)
*For passport, must include both data and signature page
*For school ID, must be signed by the Principal or Head of the institution
*Birth Certificate of Insured - if minor is not yet of school-age

*Affix 3 signatures on photocopy
*For company ID, must be private or institution regulated by BSP, SEC, or IC only

Supplemental Forms

- Payor Information Form (PIF)
Payor is different from the Owner/Insured
- Certification of Beneficial Owners
Required if answer to question # 47 is yes
- Avocation Form
Required if answer to question # 71 is yes
- FATCA (IRS W9, IRS W8 Ben, or IRS W8 Ben E)
Required if answer to question #43 and #45 is yes
- Politically Exposed Person
Submit financial documents (ITR, payslip, bank certificate, etc.)
- Irrevocable Beneficiary Form
Required if beneficiary is irrevocable

Note: For additional requirements for Corporations, Non-Profitable Institutions, Congregations, Cooperatives, Partnerships, and Sole-Proprietorships, please refer to your training manual

Payment Details

- Bills Payment
- Credit Card
- Check
- ADA
- Deposit slip
- Initial
- Bank name: _____
- Online Payment
- Renewal
- Check #: _____
- Others: _____
- Renewal

Important Notes

Important Reminders

In submitting an Application for New Business:

1. Make sure that the correct application form was used.
 - Life insurance application for Traditional Life and Variable Life products (WHITE)
 - Guaranteed Issue Offer (GREY). If submitting a GIO app form, ensure that proposal is GIO as well
2. Use BLACK INK only. Applications written with FRICTION PENS will not be accepted.
3. Answer all fields in the application form completely and accurately. Write NA if Not Applicable. Do not leave any fields blank, especially MOBILE NUMBER and EMAIL ADDRESS.
4. The proposal to be submitted must be at least 5 days before age change, otherwise, a new proposal is required.
5. The client must sign on all the signature fields in the application form and in the proposal. Indicate date signed. All erasures must be countersigned by the client.
6. Answer at all times the Declaration on the Proposal Replacement of Existing Policies section (highlighted in RED).
7. Submit all the necessary supplemental forms together with the application form.

Helpful Tips:

8. Below are common fields that have errors or are left blank. Please make sure these are completely and accurately filled out to avoid delays.
 - SSS/GSIS/UMID and TIN ID Numbers (For Philippine National)
 - ACR No. or Passport with SIRV/SRRV (For Foreign National)
 - Other occupation
 - Relationship to Insured (if Owner is other than the Insured)
 - Complete address details (house number, street, ZIP code)
 - Preferred mailing address and billing address
 - Basic plan (must be consistent with attached proposal)
 - Primary Beneficiary cannot be designated as Trustee to Contingent Minor Beneficiary
 - Written explanation of US Indicia (if applicable) in FA's report
9. For Regular Variable Life and Traditional Life policies only.
 - For question #66 and #67, please make sure to check the appropriate unit of measure of height and weight.
 - For question #80, provide the complete details on family medical history, if applicable.
 - For answers marked "YES", provide complete details on dates, duration, diagnosis/results, doctor's name and address, and medications.
10. On Identification Cards/IDs:
 - Submit at least one clear copy of valid, photo-bearing, unexpired, and signed ID for the Policy Owner/Payor and adult Insured.
 - If proposed Insured is a minor, not a student, and without passport, a copy of his/her birth certificate is acceptable.
 - Submit a photocopy of acceptable IDs with 3 specimen signatures of the Policy Owner/Payor.
 - Copy of passport must include both the data page and the signature page.
11. On FATCA Question #45 for US Indicia:
 - regarding address and telephone number, the Policyowner should answer "Yes" and submit a W8-BEN form if:
 - he/she has a current US residence address, mailing address or phone number associated or registered with a financial account in the US; or
 - he/she has an "in care of" address or "hold mail" address in the US.
 - regarding born in the US and renounced his/her US citizenship, the Policyowner should answer "Yes" and submit a W8-BEN form and a US Bureau of Consular Affairs' Certificate of Loss of Nationality in the US form.

Submitted by:

Financial Sales Associate Signature over Printed Name

FSA Code

Area

Branch

For Manulife China Bank Use Only

Received by: _____

Remarks:

Date/Time: _____