

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

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

Politically Exposed Person (PEP) Questionnaire

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

Policy No.	y No. Name of Policyowner (Last, First, Middle Name)			
Please accomplish one for every Poli PEP Information	tically Exposed Per	son.		
Name of PEP (Last, First, Middle) Name				
undersecretary, assistant Secretar representative, mayor, vice mayor, of Ambassador or an ambassador's at Military officer with a rank of a gethe rank of general or above (i.e. President of a government owned of Head of a government agency suc Telecommunications Commission, director, deputy or assistant director. Member of the judiciary with the rank of the secretary and the secretary agency suc Telecommunications Commission, director, deputy or assistant director.	dent, Vice President f government or Me ry, deputy minister councilor, governor, v ttaché or counselor eneral or above or N Police Director Ger or controlled corpora h as Bureau of Inte etc. with the rank of tor nk of Judge or Justio n, Vice Chairman, Pr	ember of the Legislature (i.e. cabinet sector equivalent, senator, congressman parice governor, board member, punong bardember of the Philippine National Poliperal or above) tion or bank rnal Revenue, Bureau of Customs, Nation commissioner, deputy commissioner	ecretary, arty list arangay) ice with ional	During what time period was the position held? From To In what country was the position held?
of Proposed Insured or Owner is PEP I, the Financial Advisor, have read the knowledge and official records. I furt	ter-in-law, 's mother ssociate conable grounds to but was not disclo	at is the relationship of the PEP to the ner (if other than Proposed Insured)? Spouse or common-law partner Child Spouse of the child Mother or father Brother, brother-in-law, sister, sister-ihalf-brother, or half-sister Spouse's or common-law partner's moor father Close relationship/professional associated please specify: Others, please specify: suspect that any of the Proposed Insurance contents and answers and they are nave verified the identity of the Propositioners submitted and have interviewed.	other ciate red or Owner complete an	nd true based on my personal and/or Owner/Payor against
Financial Advisor's Signature Over Pri	inted Name	Date Signed (mm/dd/yyyy)	Place Signed	