

BENEFICIAL OWNERS SUPPLEMENTARY FORM



LIFE ASSURANCE CORPORATION

Instructions: This supplementary form will be attached to your policy. Please write in **CAPITAL LETTERS** using **BLACK** ink. Any erasure invalidates the answer/s to this form unless signed. Put a check in the appropriate checkboxes and write **"N/A"** if the field is not applicable. All fields are mandatory unless stated otherwise or not applicable.

POLICY NUMBER:

To be filled out by BPI AIA

BENEFICIAL OWNER 1

Last Name

First Name

Middle Name

Sex Male Female Gender

Honorific Mr. Miss Mrs. Others

Dr. Atty. Engr.

Identification Numbers

Type of ID:

ID Number:

Email Address

Residence Address

House No./Building/Village, Street, and Barangay

District City/Municipality

Province Country

Date of Birth (DD/MM/YYYY) / /

Place of Birth (Town/City, Country)

Country of Citizenship

Country of Nationality

Mobile Number

Home Number

Office Number

Preferred Contact No.: Mobile Home Office

CONTACT NUMBER - INTERNATIONAL

Please provide either mobile or landline number in the following format: **+44XXX-XXX-XXXX** (Mobile) or **++442-528-2000** (Landline)

Mobile Landline

+

Occupation

Specific Duties

Gov't Employee Government Office

Name of Company

Nature of Business

DECLARATION REGARDING THE BENEFICIAL OWNER 1

1. Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? YES NO
2. Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? YES NO
3. Have you ever been convicted of any criminal offence? YES NO

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.	DETAILS

BENEFICIAL OWNER 2

<p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Gender <input type="text"/></p> <p>Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Others <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Engr. <input type="text"/></p> <p>Identification Numbers</p> <p>Type of ID: <input type="text"/></p> <p>ID Number: <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Residence Address House No./Building/Village, Street, and Barangay <input type="text"/> <input type="text"/></p> <p>District <input type="text"/> City/Municipality <input type="text"/></p> <p>Province <input type="text"/> Country <input type="text"/></p>	<p>Date of Birth (DD/MM/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Place of Birth (Town/City, Country) <input type="text"/></p> <p>Country of Citizenship <input type="text"/></p> <p>Country of Nationality <input type="text"/></p> <p>Mobile Number <input type="text"/></p> <p>Home Number <input type="text"/></p> <p>Office Number <input type="text"/></p> <p>Preferred Contact No.: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office</p> <p>CONTACT NUMBER - INTERNATIONAL Please provide either mobile or landline number in the following format: +44XXX-XXX-XXXX (Mobile) or ++442-528-2000 (Landline)</p> <p><input type="checkbox"/> Mobile <input type="checkbox"/> Landline</p> <p>+ <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Specific Duties <input type="text"/></p> <p><input type="checkbox"/> Gov't Employee Government Office <input type="text"/></p> <p>Name of Company <input type="text"/></p> <p>Nature of Business <input type="text"/></p>
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DECLARATION REGARDING THE BENEFICIAL OWNER 2

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? **YES** **NO**
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? **YES** **NO**
- Have you ever been convicted of any criminal offence? **YES** **NO**

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.	DETAILS

BENEFICIAL OWNER 3

<p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Gender <input type="text"/></p> <p>Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Others <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Engr. <input type="text"/></p> <p>Identification Numbers</p> <p>Type of ID: <input type="text"/></p> <p>ID Number: <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Residence Address House No./Building/Village, Street, and Barangay <input type="text"/> <input type="text"/></p> <p>District <input type="text"/> City/Municipality <input type="text"/></p> <p>Province <input type="text"/> Country <input type="text"/></p>	<p>Date of Birth (DD/MM/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Place of Birth (Town/City, Country) <input type="text"/></p> <p>Country of Citizenship <input type="text"/></p> <p>Country of Nationality <input type="text"/></p> <p>Mobile Number <input type="text"/></p> <p>Home Number <input type="text"/></p> <p>Office Number <input type="text"/></p> <p>Preferred Contact No.: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office</p> <p>CONTACT NUMBER - INTERNATIONAL Please provide either mobile or landline number in the following format: +44XXX-XXX-XXXX (Mobile) or ++442-528-2000 (Landline)</p> <p><input type="checkbox"/> Mobile <input type="checkbox"/> Landline</p> <p>+ <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Specific Duties <input type="text"/></p> <p><input type="checkbox"/> Gov't Employee Government Office <input type="text"/></p> <p>Name of Company <input type="text"/></p> <p>Nature of Business <input type="text"/></p>
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DECLARATION REGARDING THE BENEFICIAL OWNER 3

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? **YES** **NO**
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? **YES** **NO**
- Have you ever been convicted of any criminal offence? **YES** **NO**

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.	DETAILS

BENEFICIAL OWNER 4

<p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Gender <input type="text"/></p> <p>Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Others <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Engr. <input type="text"/></p> <p>Identification Numbers</p> <p>Type of ID: <input type="text"/></p> <p>ID Number: <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Residence Address House No./Building/Village, Street, and Barangay <input type="text"/> <input type="text"/></p> <p>District <input type="text"/> City/Municipality <input type="text"/></p> <p>Province <input type="text"/> Country <input type="text"/></p>	<p>Date of Birth (DD/MM/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Place of Birth (Town/City, Country) <input type="text"/></p> <p>Country of Citizenship <input type="text"/></p> <p>Country of Nationality <input type="text"/></p> <p>Mobile Number <input type="text"/></p> <p>Home Number <input type="text"/></p> <p>Office Number <input type="text"/></p> <p>Preferred Contact No.: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office</p> <p>CONTACT NUMBER - INTERNATIONAL Please provide either mobile or landline number in the following format: +44XXX-XXX-XXXX (Mobile) or ++442-528-2000 (Landline)</p> <p><input type="checkbox"/> Mobile <input type="checkbox"/> Landline</p> <p>+ <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Specific Duties <input type="text"/></p> <p><input type="checkbox"/> Gov't Employee Government Office <input type="text"/></p> <p>Name of Company <input type="text"/></p> <p>Nature of Business <input type="text"/></p>
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DECLARATION REGARDING THE BENEFICIAL OWNER 4

- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) a former or current government official (local or foreign) or an individual entrusted with a prominent public position in an international organization? **YES** **NO**
- Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grand child) closely associated with a former or current government official (local or foreign) or with an individual entrusted with a prominent public position in an international organization? **YES** **NO**
- Have you ever been convicted of any criminal offence? **YES** **NO**

DETAILS OF ANSWER TO QUESTIONS

QUESTION NO.

DETAILS

DECLARATION AND AGREEMENT

I/We hereby confirm that all statements and answers contained in this supplementary form are true and complete and bind all parties in interest under the policy applied for. I/We hereby acknowledge and warrant that I/we have acquired the consent of all parties pertinent to this transaction to disclose their information for the proper administration and provision of services requested from this transaction.

Policy Owner's Name

Policy Owner's Signature

 / /

Date (DD/MM/YYYY)

Bancassurance Sales Executive's Name

BSE's Signature

 / /

Date (DD/MM/YYYY)