

APPLICATION FOR GROUP LIFE INSURANCE

(NAME OF POLICYHOLDER/CREDITOR)
 GROUP POLICY NO. _____

PART I. APPLICANT'S PERSONAL DATA

FULL NAME: LAST NAME		FIRST NAME		MIDDLE NAME	
PERMANENT ADDRESS:				HEIGHT:	WEIGHT:
PRESENT ADDRESS:				CIVIL STATUS:	SEX:
DATE OF BIRTH:			PLACE OF BIRTH:		
TYPE OF ID: (SSS, TIN #, VOTERS ID)	ID NO.:	CONTACT NO.:		ALTERNATE CONTACT NO.:	
NATIONALITY:	OCCUPATION:	NATURE OF WORK	IF SEAMAN, PORT OF ENTRY:		
EMAIL ADDRESS:			ALTERNATE EMAIL ADDRESS:		
NAME OF SPOUSE:			SPOUSE OCCUPATION:		
SPOUSE CONTACT NO. (If any):			IF OCW/OFC, DESTINATION OF COUNTRY:		

BENEFICIAL OWNER. It refers to any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate control over a legal person or arrangement. In relation to a juridical entity, Beneficial Owner/s are individuals either owning or controlling at least 20% or more of the company's shares or voting rights.

Do you have a Beneficial Owner? YES NO
 If "YES", please accomplish the Certification for Beneficial Owner Form.

PART II. SOURCE OF FUNDS (If the applicant will pay the premium in part or in full)

SOURCE OF FUNDS
 Salary / Professional Fees / Commission Savings Business Others (Please specify): _____

PART III. INSURANCE COVER DETAILS

AMOUNT OF INSURANCE:	TERM OF COVERAGE:	PREMIUM*:
----------------------	-------------------	-----------

* For Contributory Policy

PART IV. BENEFICIARIES (Share equally unless otherwise stated. Use another form for additional beneficiaries)

FULL NAME	DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH	SEX	RELATIONSHIP	SHARE	DESIGNATION	
						Primary (P) Contingent (C)	Revocable (R) Irrevocable (I)

Numbering doesn't indicate hierarchy of Beneficiaries

(Continuation)	Nationality	Address	Contact Details (Mobile and/or Email)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

NOTE: All beneficiary designations are deemed "Primary" and "Revocable" unless indicated otherwise

PART V. HEALTH DECLARATION

I hereby represent and declare that:

- a) I am not below 18 years old and have not reached 65 years of age;
- b) I possess sound health and am able to perform the normal activities in pursuit of my livelihood free from any physical or mental infirmity;
- c) I do not have, never had and/or never consulted any physician for cancer, diabetes, epilepsy, heart disease, high blood pressure or tuberculosis; neither have I undergone any operation or hospitalization during the past five (5) years.

EXCEPTIONS TO THE ABOVE: (If left blank, this will be taken to mean as "NONE") _____

I hereby agree that the above questions and answers shall be considered in lieu of a medical examination as part of my application for insurance. I hereby declare that all the foregoing answers and statements are complete, true and correct to the best of my knowledge and belief. I hereby agree that if there be any misinterpretation in the above statement material to the risk, United Coconut Planters Life Assurance Corporation (COCOLIFE) shall have the right to reject and declare such insurance null and void.

"DISCLOSURE: In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all Life Insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph."

PART VI. DATA PRIVACY POLICY

COCOLIFE upholds an individual's data privacy rights and assures that all your personal information, sensitive personal information and privileged information (collectively, "Personal Data"), collected and to be collected, are processed in compliance to the Data Privacy Act of 2012 (RA No. 10173 and its implementing Rules and Regulations (IRR).

To enable us to perform our processes related with your application for life and other various products, it is important that COCOLIFE collects uses and, stores your personal data. Thus, we are using your information to: (1) Administer your policy, with any person or organization who has information about you, including your employer under Group Accounts, authorized institutions, investigative agencies, insurers and reinsurers; (2) Prevent Money Laundering or Terrorism-Financing activities; and (3) Perform any other action as may be necessary to implement the terms and conditions of our contract.

When you provide information other than yours, you certify that you obtained their consent to disclose and process those information of your parents, spouse, children, dependent or about another person like stockholders, directors, officers and employees.

We may share your personal data only to the extent that is reasonable and necessary to our employees and officers handling your orders and request; our subsidiaries, affiliates, partners, joint venture & other related parties e.g. employer under Group Accounts for related purpose provided in this policy; any third-party service providers performing financial, administrative, technical and other ancillary services, and; person or entity that we contractually entered with, that ensures the confidentiality standard we implement and adheres to the DPA.

COCOLIFE shall ensure that personal data under its custody are protected against any accidental or unlawful destruction, alteration and unlawful disclosure. It implements appropriate security measures in storing collected personal data. Personal data will be safely destroyed through secure means, after the lapse of the retention period provided by law or as determined by COCOLIFE.

Kindly browse through our Privacy Policy Statement in our company website to know more about the importance of your rights under the DPA. You may also send in your concerns to: COCOLIFE Data Protection Officer at COCOLIFE Building, 6807 Ayala Avenue, Makati City or e-mail address at dpo@cocolife.com.

By signing below, you acknowledge and agree with the foregoing and certify that you explicitly consent to the collection, processing, sharing, storing of your personal and sensitive personal information by COCOLIFE for purposes described in this Data Privacy Policy.

PART VII. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")

Insured

- You acknowledge that you are a United States ("U.S.") Person¹ under U.S. Laws
- You acknowledge that you are NOT a U.S. Person under U.S. Laws
- But you have at least one of the following U.S. Indicia²
- And you have no U.S. Indicia

***** You agree to advise us as soon as possible of any change in the information that you provided to us.*****

¹ U.S. Person means: a) U.S. citizen (including dual citizens); b) U.S. permanent resident (green card holders); c) Individual that have stayed for a substantial number of days in the U.S. (ie. More than 31 days during the current year or a total of 183 days during the 3-year period that includes the current year and the 2 years immediately before that) d) U.S. corporations, partnerships, and trusts created under U.S. law; or e) Foreign (non-U.S. registered) entities that are substantially owned by a U.S. Person (more than 10% of the entity by vote or value)

² a) U.S. Place of Birth; b) U.S. mailing or residence address (including a U.S. post office box) c) U.S. telephone number; d) A standing instruction to transfer funds to an account maintained in the United States; e) A currently effective power of attorney or signatory authority granted to a person with a U.S. address; or f) An "in-care-of" or "hold mail" address that is your sole address.

PART VIII. CONSENT

During the effectivity of the contract/policy, I agree to the following: (1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the Company may: (a) impose measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, the Company may terminate business relationship. The exercise of the Company of this measure shall only entitle the client/ customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable; and (2) Be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

I, the undersigned hereby certify that I explicitly and unambiguously consent to the collection, processing, sharing, storing of my personal and sensitive personal information by COCOLIFE for purposes described in the Data Privacy Policy and FATCA. I hereby certify that I carefully understood and comprehend the terms above before giving my consent.

Signature of Applicant : _____ Date Signed : _____

Witnessed by : _____ Date Signed : _____
Company's Authorized Signatory