

(For plans with annual premium or single premium of at least P500,000 or face amount above P5,000,000 or its dollar equivalent)

Name of Proposed Insured

FIRST NAME <input type="text"/>	REFERENCE NUMBER <input type="text"/>
MIDDLE NAME <input type="text"/>	
LAST NAME <input type="text"/>	

PART I

SOURCES OF FUNDS OF THE PROPOSED INSURED *(If PI is a minor, questions shall refer to the Owner.)*

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Pension | <input type="checkbox"/> Remittance from Abroad | <input type="checkbox"/> Maturing Investments | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Proceeds from Property Sold | <input type="checkbox"/> Property Rental | <input type="checkbox"/> Others (please specify) |
| <input type="checkbox"/> Business | <input type="checkbox"/> Insurance Proceeds | <input type="checkbox"/> Savings | |

PART II

INCOME DETAILS

Income in the last 3 years *(including all commissions and bonuses)*

Year	Salary	Bonuses/Commissions	Other Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For businessmen or business owners

Percentage of ownership in company	Number of Employees		
Duration of Business Operation			
Business Turnover/Gross Profit/Net Profit for the last 3 years			
Year	Turnover	Gross Profit	Net Profit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ASSETS

a. Real Estate - Properties owned other than residence *(If more than three properties, please use a separate sheet.)*

	Address	Value
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>

b. Privately Owned Vehicles *(indicate body style and model of vehicles)*

1 2 3

c. Bank Deposit *(include savings, treasury bills, time deposit, other currencies, etc.)*

- Below P1 Million
 P1 Million to below P5 Million
 P5 Million to below P10 Million
 P10 Million and above

PERSONAL & LIFESTYLE INFORMATION

a. Proposed Insured *(If the Proposed Insured is a minor, the questions shall refer to the Owner.)*

Highest Educational Attainment

Course	School	Years attended
<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership/affiliation to social clubs, professional and social-civic organizations *(e.g. Rotary Club, Lion's Club)*

Sports/Hobbies

b. Children

Schools attended by the Proposed Insured's children

c. Family Vacations

How many times a year? Places/Countries visited

d. Other information about the circumstances and lifestyle of the Proposed Insured which reflects the financial stature in the community *(include any threats on life, lawsuits/litigations, undesirable habits/vices, political activities)*

I certify that the above information are based on my personal knowledge and I personally obtained them from the Proposed Insured whose signature of authorization appears below.

Signed this ____ day of _____, 20 ____.

Conforme:

Name and Signature of Proposed Insured/Owner

Name and Signature of Bancassurance Sales Executive

BSE Code: