



APPLICATION NO. _____

PART I – APPLICATION FOR LIFE INSURANCE

PROPOSED INSURED INFORMATION

1. Last Name, First Name, Middle Name				Other names (Maiden Name, alias, etc.)		
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others: _____		Mother's Maiden Name:	Birth date (MM/DD/YYYY)		Birthplace	
Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Nationality	Self-Declaration Statement <input type="checkbox"/> I acknowledge that I am a United States Citizen	US TIN / SSS No. (for US Citizens)
Residence Address:				Zip Code	Telephone Number	
Permanent Address:				Zip Code	Telephone Number	
Email Address:				Mobile Number:		
2. Name of employer/Business		Nature of Business	Occupation/Position	Nature of work (describe duties)		
Office Address						
Source of Income		SSS/GSIS	TIN	Alien Certificate of Reg. (ACR)/I-Card #		
Average Monthly Income from Employment/Business/Investments				ACR/I-Card Date of Issue (MM/DD/YYYY)		

3. Preferred Mailing Address ☐ Residence Address ☐ Permanent Address ☐ Office Address

OWNER/PAYOR INFORMATION (If different from Proposed Insured)

4. Last Name, First Name, Middle Name				Other names (Maiden Name, alias, etc.)		
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others: _____		Mother's Maiden Name:	Birth date (MM/DD/YYYY)	Birthplace:	Relationship of Policy Owner to Insured	
Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Nationality	Self-Declaration Statement <input type="checkbox"/> I acknowledge that I am a United States Citizen	US TIN / SSS No. (for US Citizens)
Residence Address:				Zip Code	Telephone Number	
Permanent Address:				Zip Code	Telephone Number	
Email Address:				Mobile Number:		
5. Name of employer/Business		Nature of Business	Occupation/Position	Nature of work (describe duties)		
Office Address						
Source of Income		SSS/GSIS	TIN	Alien Certificate of Reg. (ACR)/I-Card #		
Average Monthly Income from Employment/Business/Investments				ACR/I-Card Date of Issue (MM/DD/YYYY)		

6. Preferred Mailing Address ☐ Residence Address ☐ Permanent Address ☐ Office Address

FINANCIAL INFORMATION

7. a. Purpose of Insurance
☐ Personal/Family Protection
☐ Key man Insurance
☐ Educational Expenses
☐ Creditor's Insurance
☐ Retirement Income
☐ Investment
☐ Estate Conservation
☐ Others: _____

b. Other Source of Funds
☐ Employment Salary
☐ Business
☐ Donations
☐ Others: _____
c. Mode of Payment
☐ Annual
☐ Semi Annual
☐ Quarterly
☐ Others: _____

d. Method of Payment
☐ Check Payment
☐ Over the Counter (bills payment)
☐ Auto Debit Account
☐ Others : _____
e. Details of Initial Payment
Amount of Deposit : _____
Agent's Provisional Receipt No. : _____
Agent's Provisional Receipt Date : _____
Official Receipt No : _____
Official Receipt Date : _____

PLAN INFORMATION

8. a. Plan

b. Sum Assured

c. Additional Benefits/Riders
☐ Waiver of Premium due to disability
☐ Accidental Death Benefit
☐ Return of Premium
☐ Payor's Benefit for Death or Disability
☐ Others: _____

for Traditional Plans:
d. Dividend Option (for Participating policies)
☐ Paid in cash
☐ Used to reduce premium
☐ Used to buy Paid Up Insurance
☐ Left to accumulate at interest*
**Applies if no option is chosen*
e. Premium Default Option
☐ Premium Loan
☐ Net Surrender Value
☐ Paid Up Insurance**
***Applies if no option is chosen*

for Variable Plans:
f. Fund Allocation
☐ ALGA Equity Opportunity Fund _____ %
☐ ALGA Philippine Balanced Fund _____ %
☐ ALGA Philippine Fixed Income Fund _____ %
☐ Others: _____ %
Total 100%
h. Top-Up Amount: _____
☐ Lump sum
☐ Regular

9. BENEFICIARIES (If more than one is named, equal shares shall be assumed unless otherwise stated)

- In case of death of the Insured, the surviving PRIMARY (P) beneficiaries shall receive the death benefit
 - Should all the PRIMARY beneficiaries die before the Insured, the CONTINGENT (C) beneficiary, if any, shall receive the death benefit
 - A PRIMARY beneficiary may be designated REVOCABLE (R) or IRREVOCABLE (I) beneficiary. If the beneficiary designation is IRREVOCABLE, the Owner cannot change the beneficiary nor exercise any right under the policy without the consent of the irrevocably designated beneficiary. Unless otherwise stated, the PRIMARY beneficiaries shall share equally in the insurance proceeds
- A CONTINGENT beneficiary designation is always considered revocable
 - If the Insured did not indicate the designation of his/her beneficiaries, default designation will be 'PRIMARY' and/or 'REVOCABLE'
 - If a beneficiary is still a minor at the time of benefit payment, his representative must secure and submit a court-approved letter of Guardianship including a Guardian's Bond in accordance to Section 182 of the Amended Insurance Code

Names	Relationship to Proposed Insured	Date of Birth	% of Share in Proceeds	(P)	(C)	(R)	(I)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CROSS OUT empty boxes below your last beneficiary entry

10. Declarations of the PROPOSED INSURED (and other if Owners Benefit is applied for)	Proposed Insured YES NO	Owner/ Payor YES NO	Please give full details in the space below. Use additional sheets, if necessary
a. Have you, within the last 5 years, ever been confined or treated by a physician or other medical practitioner for any disease of the brain or nervous system, lungs or respiratory system, heart or circulatory system, stomach or digestive system, kidney or urinary system, or reproductive system, including HIV? If 'YES' please provide full details in the space provided.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
b. Do you or did you have other illness/injury not mentioned above? If 'YES' please provide full details.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
c. Are you in good health and free from any signs or symptoms of disease and without any physical impairments? If 'NO' please provide details, include dates, diagnosis, names and addresses of physicians, hospitals, clinic, etc.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
d. Do you smoke cigarettes/cigars? If 'YES' how many sticks per day ____ and number of years have you been smoking? ____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
e. Have you had any change on weight in the last 12 months? If YES, from ____ lbs/kg to ____ lbs/kg Present height (Proposed Insured) : ____ cm.or ____ ft. in. Present weight (Proposed Insured) : ____ kg. or ____ lbs. Present height (Owner / Payor) : ____ cm.or ____ ft. in. Present weight (Owner / Payor) : ____ kg. or ____ lbs.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
f. Have you ever had an insurance or reinstatement of insurance on your life declined, postponed or modified in amount plan or rate? If 'YES' please specify which insurance company, when and why?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
g. Do you intend to change residence or work abroad within the next 12 months? If 'YES', where?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
h. Have you or any of your immediate family members been appointed or elected to a position in the Philippines or in a foreign state, as a politician, judicial or military official, senior executive of government or state-owned or controlled corporations or political party official?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
i. Do you engage in motorcycle, auto or motorboat racing, skydiving, scuba diving or hazardous avocation? Or have you ever flown in an aircraft other than a commercial plane? If 'YES' please give details in the space provided	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
j. Have you been involved or included in any lawsuit or court litigation? If 'YES' please state the reason (indicate the nature of case, involvement and status), Plaintiff/Complainant, Defendant/Accused, and Status of the Legal Case	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
k. FOR FEMALE ONLY: Are you pregnant? If yes, how many months? _____ Are there any complications?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Please make sure that all fields that require full details are completely filled out

11. DECLARATION

A. FOR THE PROPOSED INSURED

i. Total life insurance in force on proposed insured

Company	Basic Cover	Accident Rider	Year of Issue

ii. Has there been or will there be any change in existing insurance inforce? Yes ☐ No ☐

iii. Will premiums for the insurance applied for be paid by a policy loan from existing policy? Yes ☐ No ☐

If answer is yes to questions ii and iii, please furnish details as follows:

Company	Policy Number	Effective Date (MM/DD/YYYY)	Amount of Coverage

REMINDER: It is usually disadvantageous to REPLACE existing life insurance policies with a new one. Some disadvantages are:

- You may not be insurable in standard terms
- You may have to pay a higher premium in view of higher age
- You may lose financial benefits accumulated over the years.

Please note that in your own interest, we would advise that you consult your present insurer before making a final decision. Hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

B. FOR THE AGENT

i. Has there been or will there be any change in existing insurance inforce on the life of the Proposed Insured? Yes ☐ No ☐

ii. Will premiums for the insurance applied for be paid by a policy loan from existing policy? Yes ☐ No ☐

If YES, have the applicant complete a Replacement Notification Form

12. HOME OFFICE ENDORSEMENTS

I/WE HEREBY DECLARE AND AGREE THAT:

- This insurance is issued on the above answers and questions which I/we represent to be true and complete to the best of my/our knowledge and belief
- The policy will not become effective until I/we have paid the entire first modal premium, and the policy delivered to me/us while the insured is in good health
- The date that Etiqa Life & General Assurance Philippines, Inc. (herein called “the Company”) receives the premium is the latest of the following dates:
 - The official receipt date
 - The date any non-local check or other form of payment is cleared
 - The date the Company receives complete requirements; or
 - The date the Company receives my/our acceptance of the non-standard terms.
- For premium payments made through a soliciting agent, the date of the Official Receipt issued by the Company will govern, not the date of Agent’s Provisional Receipt.

5. We understand that as a financial institution, the Company is subject to existing and future government regulations. I/We therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

In this connection, I/We hereby authorize the Company to process my/our personal and sensitive information including but not limited to its collection, use, disclosure or destruction, I/We likewise give my/our consent to the Company to share such information to its subsidiaries, affiliates, agents and any medical information sharing facility of the insurance industry for any legitimate purposes, including but not limited to underwriting and administration of insurance coverage and claims and provision of any product, service or others.

VARIABLE LIFE INSURANCE DECLARATIONS

6. If the Company receives my/our application and premium before the application cut-off time, the Company will use the unit price for that pricing date to buy units in my/our account. Otherwise, if received after the applicable cut-off date, the Company will use the unit price for the following pricing date. The Company has the sole discretion in determining the frequency of valuation, but said valuation will not be less frequent than weekly. The price for a particular pricing date will only be known at least one business day after the pricing date.
7. For VUL transactions, the cut-off time specified in item 3 will be followed in determining the unit price.
8. For payments made through banks, over-the-counter or online, any unmatched information in the deposit slip/payment slip/online transaction details may cause delay in premium allocation. The unit price prevailing at the time when premiums are properly applied becomes the applicable unit price
9. All charges will be deducted by selling the number of units equivalent to the amount of the charges as determined by the Company.
10. When the unit price is calculated, an annual investment management charge will be deduct from the fund at a rate, guaranteed not to exceed 2% per annum, to be disclosed by the Company,.
11. If this application is accepted and approved by Etiqa Life & General Assurance Philippines, Inc. and the corresponding policy contract has been issued and I/we decide to return the policy within 15 days from the date of receipt of the policy contract and provided no other transactions were made by me/us from the time of application for insurance, then the amount refundable to me/us shall be the market value of the units plus insurance charges and initial or acquisition/administration charges.
12. If the application is declined, the amount refundable to me/us shall be the full amount deposited after it has been cleared.

MEDICAL INFORMATION DATABASE

13. "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"

TAX DECLARATION

14. I/We declare that I/we have informed of all my/our citizenships, residencies and tax residencies, and provided my/our taxpayer identification number(s). I/We agree to promptly update of any changes to said information. I/We authorize Etiqa Life & General Assurance Philippines, Inc. to disclose my/our personal information to any government or tax authority (within or outside the Philippines) for the purposes of ensuring compliance with applicable laws and regulations. I/We agree that Etiqa Life & General Assurance Philippines, Inc. shall have the right to: (a) require the claimant(s) and/or payee(s) of the Policy to provide with their above-mentioned personal information and/or sign such documents as may reasonably require; (b) and disclose said personal information to any government or tax authority (whether within or out of the Philippines) for the purposes of compliance with applicable laws and regulations. If I/we fail to any of the above-mentioned acts, I/we agree that Etiqa Life & General Assurance Philippines, Inc. may provide my/our personal information to such government or taxation authorities to comply with the applicable laws and regulations.

The amounts invested have been declared to relevant tax authorities and none of it was derived, directly or indirectly, from illegal activities or sources and/or tax evasion.



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Before signing below, I have read the foregoing statements and answers and found them to be true and complete to the best of my knowledge. I agree that such statements and answers shall be part of the Application and are made to induce Etiqa Life & General Assurance Philippines, Inc. to issue policy applied for

Signed this _____ day of _____ 20____ at _____.

Witnessed by
(Signature over printed name)

Owner/Payor
(Signature over printed name)

Proposed Insured
(Signature over printed name)

Soliciting Agent
(Signature over printed name)

Agent Code

Parent/Guardian
(if insured is below 18 years old)
(Signature over printed name)

Referrer

Referrer Code

Branch

Branch Code

AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

I hereby consent and authorize that:

- 1. Any physician, clinic, insurance company or other insurance industry association, institution or person that has any record of me/or the proposed insured named in this application, may release or give to Etiqa Life & General Assurance Philippines, Inc. its authorized representative any and all information about me and/or the proposed insured named in this application;
- 2. Any information collected by Etiqa Life & General Assurance Philippines, Inc. may be released and/or disclosed to affiliated companies and agents other insurance companies and their affiliates and any medical information sharing facility of the insurance industry for any legitimate purpose, including but not limited to underwriting and administration of insurance coverage and claims;
- 3. I and/or the proposed insured named in this application, may be subjected to HIV testing for the purpose of underwriting this application of the coverage related to the insurance policy, if issued; AND
- 4. A personal investigation on me and/or the proposed insured named in this application may be conducted.

Printed Name and Signature of Payor/Applicant-Owner

Printed Name and Signature of Proposed Insured

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insurance and has supervision over insurance companies. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone number +632-5238461 and e-mail address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph



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CLIENTS PROFILE QUESTIONNAIRE

What kind of investor are you?

Answer this questionnaire to find out. This questionnaire helps you determine your personal investment style. It gives you an idea of your investment time frame, stages of life, financial situation, priorities and goals.

There are no right or wrong answers. This questionnaire is designed to help us recommend an asset allocation strategy based on your stated needs. It is intended to be a general recommendation only and should not be treated as specific investment advice.

While your agent may provide you with factual information, **you should make your fund allocation based on your own judgment and personal circumstances.**

GENERAL INFORMATION - Please fill in the information in PRINT		
Name of Proposed Client (Last, First, Middle):		
Contact Number:	E-mail Address:	
Mailing Address (No. Street, Town/City, Province, Country, Zip Code)		
Approximate Net Worth	<input type="checkbox"/> Under 1 Million <input type="checkbox"/> 1-10 Million <input type="checkbox"/> over 10 Million	
Most Important Investment Goal	<input type="checkbox"/> Retirement <input type="checkbox"/> Education <input type="checkbox"/> Buying a House <input type="checkbox"/> Others, please specify:	
Investment Objectives	<input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Income & Growth	
Risk Tolerance	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Investment Knowledge	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Little <input type="checkbox"/> None	
At what age would you like to retire?		
How much do you think you would need to retire at this age?		
How much have you set aside today for your retirement fund?		
Please check all that apply	I currently have	I used to have
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Government Securities	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Currency and Bank Deposit	<input type="checkbox"/>	<input type="checkbox"/>
Common or Private Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
Commodities/Futures/Options	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Need Plan	<input type="checkbox"/>	<input type="checkbox"/>
Time Deposit	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>
Own Business	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a plan for saving regularly? <i>Please choose one</i>		
<input type="checkbox"/> Yes, I save a part of my income every month/quarter/year		
<input type="checkbox"/> Yes, I save a part of my income whenever I can		
<input type="checkbox"/> Yes, but I only save regularly if I have a definite project to pursue		
<input type="checkbox"/> No		

YOUR PROFILE

To complete this questionnaire, please choose the statement which most closely defines your needs or best describes your situation. Put a check in the bracket in the left hand margin that corresponds to your choice.

IMPORTANT: *If some of your choices bear an asterisk (*) please note that a Variable Unit-Linked (VUL) Policy may not be an appropriate investment for you as they are designed for long-term investing*

Section 1 – Financial Goals

1. What is your primary goal in making this investment?

☐ (2) I am saving to buy a car, make a down payment on a house or to achieve some other goals within the next 7 years*

☐ (4) I am investing for the long-term (more than 7 years) but I need this investment to generate cash flow to supplement my income.

☐ (8) I want an investment that will generate both income and long term capital growth without specific emphasis on either.

☐ (10) I am looking primarily for long term growth. Although I have no need for income from this investment or over the next ten years, I might appreciate that a small portion is to be invested in fixed-income securities for stability

☐ (12) I am looking for long term growth only. I want to maximize my potential return
2. What percentage of this investment do you plan to spend in the next 7 years?

☐ (2) More than 50%

☐ (4) 30% to 50%

☐ (6) Less than 30%

☐ (8) I don’t plan to spend any of it
3. In how many years will you withdraw all or majority of this investment?

☐ (2) Less than 7 years

☐ (6) Between 7 and 10 years

☐ (10) Between 11 and 20 years

☐ (12) More than 20 years

Please add your score for Section 1 _____

Section 2 – Background Information (Please choose only one)

4. When are you planning to retire?

☐ (2) I am retired

☐ (4) In less than 7 years

☐ (6) In 7 to 10 years

☐ (10) In 11 to 20 years

☐ (12) More than 20 years
5. How old are you?

☐ (2) Over 65

☐ (6) 51 to 65

☐ (10) 36 to 50

☐ (12) 20 to 35
6. Which of the following statements best describes your employment situation?

☐ (2) My employment situation is somewhat unstable

☐ (2) I am either a homemaker, retired or unemployed and I will rely on this investment for current income and emergency cash needs

☐ (4) My employment situation is currently stable but this could change

☐ (5) I am either a homemaker, retired or unemployed but I have other sources of income that are sufficient to meet my normal requirements

☐ (9) My employment situation is stable and I don’t expect this to change in the near future

☐ (12) My employment situation is completely secure

7. Which of the following statements best describes your financial situation? Please consider your regular expenses and your ability to pay outstanding loans as well as a saving for retirement and emergencies?
☐ (2) My financial situation is somewhat unstable
☐ (2) I need this investment to supplement my income
☐ (5) I do not currently need this investment to supplement my income however this could change
☐ (8) I don't expect to use this investment to meet current income requirements. However, should an unexpected situation arise, I may need to access these funds
☐ (10) My financial situation is stable and I have sufficient cash flow to meet most of my requirements
☐ (12) My financial situation is completely secure and I can meet emergency requirements without withdrawing these funds
8. Which of the following statements best describes your investment situation? (If you do not currently have any investments, choose the response that best describes how you think you would manage your investment.)
☐ (2) All of my investments to date have been in Treasury Bill because I need the security of capital
☐ (5) Most of my investments were made to generate income and preserve capital but I now need some capital growth
☐ (7) Most of my investments tend to be mutual funds or common trust funds, although they are generally not aggressive
☐ (10) Most of my investments tend to be moderately aggressive. My objectives are long term, therefore I don't often make changes unless my reason for investing have changed
☐ (12) I tend to choose aggressive investment funds for long term growth

Please add your score for Section 2 _____

Section 3 – Risk Tolerance *(Please choose only one)*

9. Which of the following statements best describes your attitude towards the level of risk or volatility that you are prepared to live with during the time these assets will be invested
☐ (2) I am aware that the value of an investment fund fluctuates daily and to varying degrees depending on the type of fund. I would feel most comfortable investing in funds that tend to generate a more stable return year-to-year, as opposed to funds that fluctuate widely
☐ (5) I am comfortable with the fact that the value of my investment will fluctuate daily. However, I would prefer that roughly half of my assets be invested in less volatile fixed income securities and that the balance be invested in equities, which tend to be more volatile
☐ (8) I am comfortable with volatility and seek more aggressive investments knowing that in the short term, this strategy may result in declined in value, but in the long term, I have better chance of realizing gains. Nevertheless, I do worry when the stock market drops significantly
☐ (10) I fully accept volatility and seek more aggressive investments knowing that in the short term, this strategy may result in declined in value, but in the long term, I have better chance of realizing gains
10. How much of a temporary decline (i.e. one year) in the value of your investment could you tolerate?
☐ (0) No decline
☐ (2) Up to 5% decline
☐ (5) 5% to 10% decline
☐ (8) 10% to 15% decline
☐ (12) More than 15% decline
11. Which of the following statement best describes your investment philosophy?
☐ (2) I am not comfortable taking risks with my capital but I am prepared to do so with a small portion of my assets as I need some capital appreciation to offset inflation
☐ (4) I understand that the opportunity for greater returns comes with taking greater risks, but I am only prepared to do so with less than half of my assets
☐ (6) I understand that the opportunity for greater returns comes with taking greater risks, and I am prepared to do so with more than half of my assets
☐ (10) I have an aggressive investment approach and I am investing for the long term, therefore, I want to invest the majority or even all of my assets in the stock markets, as this is the best way to ensure higher returns over the long term

Please add your score for Section 3 _____



APPLICATION NO. _____

Understanding Your Score

Please transfer your score for each section to the corresponding space and then carefully add up your total score

	Score
Section 1 – Financial goals	
Section 2 – Background Information	
Section 3 – Risk Tolerance	
TOTAL SCORE	

Note: We strongly recommend you review your view point about investment risk at least once a year or when major change occurs in your personal situation to make sure your investment decision continues to match your attitude towards investment risk profile.

Conservative: A score of **60 points or less** indicates that you are comfortable having your assets managed conservatively with an emphasis on the stability that comes from fixed-income investments, while generating some capital appreciation over time. Your investment horizon is short to moderate and your tolerance towards volatility is moderate. You seek capital preservation.

Moderate: Scoring between **61 and 84 points** indicates that you are seeking long term capital appreciation and to a lesser extent, the stability that comes from fixed-income investments. You are most comfortable with relatively stable year-to-year returns but will accept some volatility as you understand that the capital growth you require cannot be achieved without some element of risk.

Growth-Oriented: Scoring between **85 and 120 points** indicates that you are seeking long term capital appreciation with little or no requirement from additional income. You can tolerate greater year-to-year volatility, as well as some moderate to strong fluctuations in the capital value of your investment. You realize that overtime, equity markets usually outperform other investments.

By signing below, I acknowledge that:

- 1. this questionnaire does not constitute advice from the company, as it only intended as reference to help me assess my risk appetite and investment objectives based on the information I have provided;
- 2. I am responsible for my investment decision, including my choice of fund, even if such varies with the results of this questionnaire
- 3. my financial needs may change over time depending on my personal situation and objectives; and
- 4. the Company makes no guarantee as to the accuracy or completeness of the results or recommendations provided above.

Signature of Proposed Client

Date (Day/Month/Year)

To be accomplished by your Agent

Name of Agent	Agent Code	Signature of Agent	Date(Day/Month/Year)

CONFIDENTIAL REPORT OF AGENT

To be accomplished by Agent

IMPORTANT: Please go over the entire application carefully and review the answer to each question. Unanswered or incompletely answered questions will result in delay by the Home Office in taking final action on this application. Help yourself, the Proposed Insured (PI)/Owner and the Company by careful, complete and accurate preparation of the application. The answers given by the Proposed Insured/Owner form part of the policy contract and it is very necessary that the PI/Owner be asked such question. Be specific. Do not use indefinite terms such as "just met", "new contract", "amply", etc., and do not leave any questions unanswered

1.

a.

How long have you known the Owner?

b.

Are you related to PI? If yes, give relationship

2.

How much is the yearly income of PI? Php_____

Owner? Php_____

3.

Do you know any information which might adversely affect the underwriting of this risk? Explain fully

a.

Any threat or attempted violence on PI or any immediate family member?

b.

Any involvement of PI in lawsuit or court litigation?

c.

Any involvement of PI in political activities?

d.

Any homosexual or gay behavior of PI?

e.

Any undesirable habits (gambling, smoking, drug abuse) of PI?

f.

Any family history of heart or kidney disease, diabetes, cancer, mental illness?

4.

Does the appearance of the PI (and Owner of applicable) indicate good health? If not, explain why.

5.

Is the insurance applied for intended to take the place of insurance carried in this or any other company? If so, give details:

6.

Information regarding travelling activities to combat zones in the world, and frequency of travels to Regions IX and XII

7.

PI/Owner

has been or will be examined by:

Dr.

on

And (if two examinations or required)

Dr.

on

8.

If PI is below 18 years old:

a.

How many siblings does the proposed insured have?

How many are insured?

If some are not, explain why.

b.

Insurance in favor or applied for on life of siblings?

Name	Insurance Company	Year insured or Applied for	Amount

9.

What rating and premium have been quoted?

☐ Standard

☐ Substandard

	Rating	Annual	Other Mode
Life (Regular)		P	A
Occupational			SA
WP			Q
ADB			M
Others			x
Total		P	

OCCUPATIONAL HOBBIES

a.

Describe his occupation and duties in detail

b.

Describe his hobbies and extent to which he indulges in them

MORAL

a.

Give details of his activities, usual and unusual

b.

Give details of any known incidents or conditions that may endanger his life, like threats or illicit relations with the opposite sex

c.

Is he a frequent heavy drinker or user of a dangerous or prohibited drugs?

FINANCIAL STANDING

a.

Explain any serious embarrassing financial problems

b.

Does he have any heavy debts or is his credit standing questionable? If so, explain fully


HEALTH

Give details of hospitalization, accidents, or serious illness suffered by the PI during the last 5 years. Give names and addresses of attending physician

Etiqua Life and General Assurance Philippines, Inc.
(Formerly: AsianLife and General Assurance Corporation)
2nd and 3rd Floor Morning Star Center
347 Sen. Gil Puyat Avenue, Makati City 1209
Tel. No: (632) 8890-1758
www.etiqua.com.ph

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Form no. IND-2019

A Member of  Group



APPLICATION NO. _____

Additional or Explanatory Remarks and details of answers to Questions 1 to 7

I/We certify that I/We personally saw the PI and Owner, if applicable.

Signature of Agent

Name of Agent

Code No

Mailing Address

Signature of Agent

Name of Agent

Code No

Mailing Address

To be filled by agents authorized for non-medical insurance

NON-MEDICAL AUTHORITY	Application Received &Reviewed by:	C/A & Agent’s Code No. Verified By:
Date of Authority	Print Name	Print Name
Agent’s Signature (Certified Correct)	Signature	Signature
	Date	Date