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APPLICATION FOR GROUP INSURANCE

In the Philippines, group insurance products and medical benefits are provided by Generali Life Assurance Philippines, Inc. ("GLAPI"), a wholly owned subsidiary of the Generali Group.

General Instruction: Kindly fill out all the information needed using CAPITAL LETTERS and black ink. Tick the appropriate box to indicate your choice. If not applicable, put "N/A" in all empty fields.

Registered Name of the	Applicant						
Trade Name or Doing Bu	usiness As						
Country of Incorporation							
Date of Incorporation (D	D/MM/YYYY)						
Entity Type [] RC	Entity Type [] ROHQ / RHQ (Branch/Representative) [] Partnership						
[] Corporation [] Association (NPO/NGO/Charity/Club/Society)							
[] Otl	ners (please s	specify):		_			
Nature of Business							
Sources of Fund and	Sources of Fund and Source of Fund (origin of the funds subject of the business relationship):						
Wealth (when	Source of V	Vealth:					
appropriate source of	☐ Busines	s 🗆 Investme	ent \square Donation \square	Foreign ren	nittances Winnings	i	
funds and wealth of		please specify					
relevant parties)	First payment to	o be carried out throu	igh an account in the Appl	icant's name wi	h a financial institution subject	t to similar C	Customer Due Diligence standards
Complete							
Office Address							
Tax Identification Number	er						
Telephone Number/s				F	ax Number/s		
Plan of Insurance							
Riders / Supplementary	Benefits						
Policy Effective Date				1] Contributory	- [] Non-Contributory
List of Directors/Partners	(Please use	additional shee	ets if necessary)				•
			 				
List of Shareholders (%,	full name and	d country)					
Company owned by a G			gency (e.g., State C	wned Corp	oration)? \square Yes		No
	If yes, please provide % and stakeholder						
Beneficial Owner(s) – Any natural person(s) ultimately owning or controlling the entity and/or on whose behalf transactions/activities are being							
conducted; or having ultimate effective control over it.							
Any natural person who directly or indirectly owns twenty percent (20%) or more of the entity shall be considered beneficial owner.							
In case of ownership structures with more than one level of shareholders, each shareholding level must be taken into consideration to identify and							
disclose any natural person(s) who own(s) more than 20% of the shares of the entity. Any individual who has significant responsibility to control, manage, or direct the legal person is also considered a beneficial owner.							
(Please use additional sheets if necessary)							
,							
Tax Identification Number			l	Citizenshi)		
Country of Birth				Date of Bi			
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"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.



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Address							Sex]] Male] Female	
(2) First Name	e, Middle Name, I	Last Name							11 0111010	
Tax Identification					Citiz	enship				
Country of Birth						e of Birth				
Address					Date	, or Birti	Sex	1] Male	
Address							367	- 1] Female	
First Name Mid	Idle Name, Last I	Nama						L	11 0111010	
· ·	Representative									
Position/Title	representative		<u> </u>							
Email Address						Telephone Number/				
Tax Identification	n Number			1	Citize	enship	_			
Country of Birth						of Birth				
Address					Duto	OI BII III	Sex	l r .] Male	
71001000							OUX] Female	
Other Business	Relationships wi	ith General	i Group?	Yes \square	No			1 .	1	
If yes, please bri	•	iai conorai	. Олошр. —	.00						
n you, ploado si	iony oxpianii									
Payment Inform	mation of the Ap	pplicant [F	ILL OUT ONLY	IF APPLICA	BLE]					
Account details	s									
Bank/Br	ranch Name				Bank	k Account Number owne	d by the Ap	plica	nt (Insert zeros in blar	nk cells if need be)
								İΠ		
							1 1 1			
OR					•					
Card										
	l Visa □ Maste	erCard				Cardholder's name				
Card number						Expiry date				
							/			
Issuing Bank Na	ame:									
The Applicant / A	Assount Holder ou	ıtharizaa Cl	ADI to arrange f	or funda ta ha	dobito	ed from the given bank ac	oount / oore	l at the	a financial institu	ution identified
	y premium or othe						count / card	i at the	e imanciai insuu	Juon identilied
	Account Holder un			roopoot or tho	L110 1110	odianoo i onoy.				
7 7			-	with GLAPI w	vill be o	charged to the given banl	c account /	card a	ccount.	
	•		•			the event of a change in				debited will be the
premium as appli	icable which may	be differen	t from the premiu	um paid till dat	e. No f	fresh authorization will be	required.			
7.7		-	-	-	count	can accept direct debits	and there ar	e suff	icient cleared fu	nds available in the
	unt to permit payn			•						
	-					bstituted, or not renewed			-	
card subscription		e to keep th	ie policy in force.	. The Applican	It / ACC	ount Holder undertakes t	o submit a i	resn r	nandate in case	or bank account /
		an change (cancel defer or	suspend the d	etails o	of the Payment Information	n by provid	ling w	ritten notice to G	A API
7 7		_		-		allow the proper process		-		11 1
			•	_		son, GLAPI will cancel th				onored debit. In
		•		•		GLAPI may notify and at				
			-			re any second deduction.	-			
	-	-		ee. The financ	cial inst	titution may also charge f	ees relating	to the	e dishonor to the	account, which
will remain the Ap	pplicant / Accoun	t Holder's re	esponsibility.							

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Name - Account holder 1/Primary cardholder				
Signature	Date			
Name – Account holder 2 (if applicable)				
Signature	Date			

Privacy Provisions and Consent:

GLAPI puts premium value to the privacy and security of the Personal Data entrusted to it by its clients for providing insurance policy. It aims to comply with the Data Privacy Act of 2012 ("DPA 2012"), its Implementing Rules and Regulations and the issuances of the National Privacy Commission. It regards its clients' privacy with utmost importance.

The Applicant (Policyholder) is an entity interested in taking out an insurance policy for its beneficiaries with GLAPI. The Applicant agrees to communicate, as Data Exporter, the Personal Data (personal, sensitive or privileged information) of its insureds/beneficiaries (Data Subjects) to GLAPI, as Data Importer, for the purpose of providing an insurance policy to the former.

A. Processing of Personal Data

The types of Personal Data of insureds/beneficiaries that the Applicant will communicate to GLAPI may include: Biographical and identification data (including age); Contact information; Social circumstances data (including marital status); Medical Information (including health status); Economic and financial data; or Tax and bank account details. The Applicant authorizes and gives consent to GLAPI for the collection, use, and processing of Personal Data of the Data Subjects for the following purposes:

- For providing, processing and administering this Application and Policy for GLAPI insurance products and services;
- For administering and servicing GLAPI products and services, including adjudication of claims under your insurance plan (including all beneficiaries/insureds), collection of premiums, additional payments, and other activities provided for by the contract;
- For informing the Applicant and its insureds and beneficiaries of GLAPI's products and services, including marketing or promotional information on GLAPI's products and services through phone calls, mail, email, SMS or other electronic channels;
- For preparing estimates and subsequent renewals;
- For complying with applicable laws, regulations or obligations of GLAPI to any competent authority, regulator, enforcement agency, judicial and quasi-judicial body or tribunal;
- For identification, investigation and prevention of financial crimes such as but not limited to money laundering and terrorist financing, bribery and fraud (including performance of internal controls).

GLAPI will process the Personal Data only in compliance with the Applicant's instructions and exclusively for the purposes described above.

B. Sharing of Personal Data

The Applicant agrees and gives consent to GLAPI to disclose and share the Personal Data to the following:

- Between and among Generali Group -located outside the Philippines- for lawful purpose such as verification of identity in accordance with the GLAPI's prescribed verification procedure, business development, data processing, analysis and management, surveys, product and service offer, account servicing, marketing activities, risk management purposes, collections purposes;
- Accredited third party service providers and vendors necessary for the purposes of carrying out GLAPI products and services;
- Banks and financial institutions, for the management of collections and payments;
- Medical Information Database administered by the Philippine Life Insurance Association (PLIA) and accessible to life insurance companies for purposes allowed under IC Circular Letter No. 2016-54, Loan Database administered by the Credit Information Corporation and other databases administered by similar agencies;
- Government or regulatory bodies or any person to whom GLAPI must disclose data: (a) under a legal and/or regulatory obligation in that
 jurisdiction applicable to GLAPI; or (b) pursuant to an agreement between GLAPI and the relevant government regulatory body or other person.

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The sharing of Personal Data shall only be made when legally necessary and shall be limited to the purpose stated therein. In any case, the transfer of Personal Data is performed in compliance with the applicable laws and international agreements in force, as well as on the basis of appropriate and suitable safeguards.

C. Retention of Personal Data

GLAPI shall retain the Personal Data throughout the duration of the insurance policy and for a period of five (5) years from termination or, in case of disputes, for the statute of limitations set forth under the applicable laws, unless otherwise required by applicable laws, rules, or regulations.

D. Applicant's Undertaking and Data Subjects' Rights

The Applicant warrants, represents, and undertakes that:

- It complies and will remain compliant with the Data Privacy Act of 2012 and applicable data protection regulations during the term of the agreement.
- It has obtained necessary Consent of the Data Subject to disclose his/her Personal Data to GLAPI for the purposes described above.
- The Personal Data that will be shared with GLAPI has been collected, used, disclosed and transferred to GLAPI in accordance with the Data Privacy Act of 2012 and applicable data protection regulations. The Applicant declares the lawful origin of the Personal Data subject to the transfer, guaranteeing that it has been obtained in compliance with mentioned requirements.
- Any Personal Data being transferred to GLAPI is accurate and complete to the extent necessary for the purposes identified.
- The Applicant will communicate to GLAPI (DPO inbox: privacy@generali.com.ph) rectifications or deletions of data, either belonging to the Applicant or to Data Subjects, as well as the exercise of rights of Data Subjects that might impact the Personal Data transferred, as soon as possible and always in compliance with applicable regulation.
- All Data Subjects have been duly informed, notified of and given consent to the purposes of the collection, use, disclosure and transfer of his/her
 Personal Data. The Applicant guarantees that it can prove to GLAPI that Data Subjects have given their consent to the processing of their Personal
 Data for the purposes described above.
- All Data Subjects have been informed about their rights in accordance with Data Privacy Act of 2012 and applicable regulations (including the right
 to rectify and the right to file a complaint to the National Privacy Commission). The Applicant will respond to inquiries from Data Subjects or from
 the National Privacy Commission regarding the processing of Personal Data by GLAPI as required by Data Privacy Act of 2012, including requests
 to access or correct Personal Data. GLAPI will promptly communicate and refer to the Applicant any inquiry and requests from Data Subjects
 relating to the Personal Data transferred by the Applicant, including requests to access or correct the Personal Data.
- It implements adequate organizational, physical, and technical measures to ensure the security of Personal Data during its transmission to GLAPI.

GLAPI is committed to becoming the life-time partner of the Applicant. Therefore, GLAPI would like to continuously keep the Applicant informed of new products or services, offer discount codes or promotions or sending invitations to events that can be of the Applicants' interest even after the eventual termination of the insurance policy. Please select your preferred option:

☐ Yes. I would like to receive valu☐ No	able information in the future. I am aware that I will	always be able to opt-out and withdraw my consent at any time.
	urchase, enrollment, maintenance, access or continuous bound by the terms of this Privacy Consent Statem	nued use of any GLAPI's product and services shall be deemed as ent.
Name of the Company/Policy Owner:		_
	Signature over Printed Name	_

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Declaration and Agreement

By Signing this Agreement:

I understood that all the insurance benefits and principal terms and conditions contained in the formal proposal and in the subsequent amendatory communications relating thereto, if any, which we have finally accepted shall be fully embodied in the Group Master Policy applied for. Said Policy together with this application shall constitute the entire contract between the parties hereto.

During the effectivity of the contract policy, the customer/client agrees to the following:

- a. measures to restrict the services available or prohibit any further transaction on the contract/policy until full/proper Customer Due Diligence measures have been successfully conducted; and
- b. in case the foregoing is unsuccessful, terminate business relationship. The exercise of GLAPI of this measure shall only entitle customer/client to receive the unused portion of premiums or withdrawal value, if any, whichever is applicable.

I hereby declare and confirm under the penalty of perjury that I am authorized to complete this document and that to the best of our knowledge and belief, the information and data given herein are true and correct.

Please submit General Documentary Requirement(s)

- Certificate of Registration issued by the Department of Trade and Industry, Securities and Exchange Commission, Bangko Sentral ng Pilipinas and AMLC (for money changers/foreign exchange dealers and remittance agents only);
- b. Articles of Incorporation/Partnership;
- Registration Data Sheet / Latest General Information Sheet including the dedicated page for "Beneficial Ownership Declaration";
- d. Secretary's Certificate for Authorized Signatory;
- For entities registered outside the Philippines, all documents must be authenticated by the Philippine Consulate.

SIGNATI IRE OI	= OWNER/ALITHORIZED	REPRESENTATIVE

PRINTED NAME	
POSITION	
DATE	

SIGNATURE OVER PRINTED NAME OF WITNESS

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