

Important information

In accordance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, this form must be completed to identify: (1) all beneficial owners, directors, and/or persons who own or control the corporation or entity that owns the policy, and (2) all third-party payors who fund the policy.

Upon review, Manulife Bermuda may request additional clarification and/or request additional supporting documents.

Confidentiality statement:

We know that the privacy of your personal information is important to you and it is equally important to us. Personal information is fundamental to our business as it allows us to evaluate, issue, and administer the insurance policy you have applied for. We have safeguards in place to protect your personal information, and we train our associates to respect your personal information and keep it safe.

We may use the personal information that we collect to:

- confirm your identity and uniquely identify you;
- confirm the accuracy of the information collected;
- evaluate your application, assess the insurance risks we are assuming, and review claims submitted to us; and
- comply with legal and regulatory requirements.

We do not give your personal information to any organization for the purpose of that organization marketing its own products or services directly to you.

You may find additional information about Manulife's corporate privacy policy at manulife.com.

Instructions for completing this form

Section 1: Policy information

- Complete all information requested for the policy.

Section 2: Entity information

- Complete all information requested for the entity.
- You must attach an original or certified true copy of the certificate of incorporation and an original or certified true copy of the certificate of incumbency from the registered agent.
- You must also provide a certified copy of signatory list with the names of all officers, directors, or others who are authorized to act on behalf of the corporation or entity.

Section 3: Beneficial owner information

- List all individuals, trusts, and/or corporations/entities who are beneficial owners who directly or indirectly control 25% or more of the entity.
- For each individual, complete a Verification of identity form and provide a valid certified copy of their passport.
- For each trust, you must also complete a Trust certification form and include the names of the persons who control or direct the trust or trustee. This could be the insured's name, the grantor's name, or another person or entity that controls.
- For each corporation/entity, an additional Corporate certification and/or Trust certification form must be submitted to provide the name of all individuals standing behind all layers of ownership.

Section 4: Certifications and signatures

- This section must be signed by those individuals authorized to sign as directors as indicated on the recent signatory list.

1. Policy information

Proposed life insured name (First) MI Last

Full legal owner/applicant (First, MI, Last) (or entity name, if applicable)

Owner address (Street)

City Country Mailing code

I am completing this form as:

- Policy owner/applicant
- Beneficiary/beneficial owner of a trust or personal investment company (PIC)
- Payor
- Other: _____

2. Entity information

Full legal entity name

Is the entity a not-for-profit organization?

- Yes
- No

If **yes**, consult Manulife Bermuda for instruction. **You must also attach the following supporting documents for the policy owner referenced above:**

- Original or certified copy of certificate of incorporation;
- Original or certified copy of certificate of incumbency from the registered agent; and
- Original or certified copy of the most recent director's resolution or signature authorization confirming who is authorized to act on behalf of the entity.

3. Beneficial owner information

List all individuals and entities who directly or indirectly own or control 25% or more of the owner/entity, including any party who may control, change, or divert the beneficial interest in the corporation or entity. This means you must list any direct or indirect beneficial owners who have rights to the policy and who can exert any influence or control over the entity.



If this section is completed with the name of an entity or a trust, complete a separate Corporate certification form and/or Trust certification form for each applicable beneficial owner.

1. _____

Name (First, MI, Last) (or entity name, if applicable)

Home address (Street)

City Country Mailing code

Occupation Percentage of ownership control %

2. _____

Name (First, MI, Last) (or entity name, if applicable)

Home address (Street)

City Country Mailing code

Occupation Percentage of ownership control %

3. Beneficial owner information (continued)

3. _____
 Name (First, MI, Last) (or entity name, if applicable)

Home address (Street)

City _____ Country _____ Mailing code _____

Occupation _____ Percentage of ownership control _____ %

4. _____
 Name (First, MI, Last) (or entity name, if applicable)

Home address (Street)

City _____ Country _____ Mailing code _____

Occupation _____ Percentage of ownership control _____ %

4. Certifications and signatures

By signing below, the authorized signing officers confirm the information provided is complete and accurate and will be updated with Manulife Bermuda in the future if information changes.

The undersigned directors or officers of the corporation or other entity request that Manulife Bermuda rely on this certification and certify that the information contained herein, including the supporting documents, is complete and accurate.

The directors and officers, on behalf of the corporation or entity, further certify the following statements are complete and accurate:

- a. The corporation or entity is a valid legal entity organized under the laws of the country identified above and is in good standing.
- b. The corporation or entity is authorized to: (i) purchase life insurance on the Proposed Life Insured; and (ii) fund the life insurance (only applicable to third-party payor).
- c. The undersigned owners are authorized to exercise all ownership rights provided by the policy. Manulife Bermuda is authorized to take such direction from the undersigned until such time has been changed or revoked.
- d. Neither Manulife Bermuda nor anyone acting as an agent of Manulife Bermuda is responsible for determining the authority of the undersigned, the effects of taking a direction from the undersigned, the application or disposition of the proceeds paid to the corporation or entity, or beneficiary named by the corporation or entity. The sole responsibilities of Manulife Bermuda are those contained in the policy.
- e. To the best of your knowledge, any funds remitted for any payment of premium on the policy are not obtained from any criminal activity, including terrorist activity or money laundering.
- f. Beneficial interests under the corporation or other entity that owns the policy can and will only be established for persons who are related to the proposed life insured by blood, by law, or have a substantial economic interest in the continued life of the proposed life insured.

Signed at city _____ Country _____ Date (mm/dd/yyyy) _____

SIGN HERE _____
Signature of authorized signing officer

Print name (First) _____ MI _____ Last _____ Title _____

SIGN HERE _____
Signature of witness

Print name (First) _____ MI _____ Last _____ Title (if applicable) _____

4. Certifications and signatures (continued)

Signed at city _____ Country _____ Date (mm/dd/yyyy) _____

**SIGN
HERE**

Signature of authorized signing officer _____

Print name (First) _____ MI _____ Last _____ Title _____

**SIGN
HERE**

Signature of witness _____

Print name (First) _____ MI _____ Last _____ Title (if applicable) _____

Signed at city _____ Country _____ Date (mm/dd/yyyy) _____

**SIGN
HERE**

Signature of authorized signing officer _____

Print name (First) _____ MI _____ Last _____ Title _____

**SIGN
HERE**

Signature of witness _____

Print name (First) _____ MI _____ Last _____ Title (if applicable) _____