

Instructions for completing this form

Use this form to verify the identity of an individual as outlined in our client due diligence guide. The person verifying this information must perform the following:

- Confirm the individual is physically present or present via video conference with you when signing this form.
- Examine a unique, government-issued identity document, such as a passport, driver's license, or permanent residency card.
- Ensure the identity document presented is original, valid (not expired or a temporary document), in good condition (undamaged and legible) and without apparent alteration, and in the same name as the individual.
- Compare the information collected from the individual, such as name and address, against the information on the document to ensure they match, and compare the signatures to ensure they are substantially similar.
- Record the required information provided below and provide your signature at the end of the form.

Any one of the following can certify this form:

- A member of staff at a regulated financial institution or regulated distributor/firm with which the customer has a relationship within an equivalent jurisdiction to Bermuda.
- Financial professional or trustee who works for a financial institution regulated in an equivalent jurisdiction to Bermuda and has met face-to-face or through a video conference with the customer.

As a trusted partner of Manulife, it is the servicing firm's responsibility to review and validate any documents prior to sending to any of the above parties.

1. Individual information

Full legal name (First)	MI	Last	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (mm/dd/yyyy)	Place of birth (City)	Country	
Phone number	Email address		
Address (Street)			
City	Country	Mailing code	
Country of citizenship (list all)	Occupation and duties		

Identification information:

A. Identification type:

- Driver's license
- Passport
- Other document: _____

B. Document information:

Identification number	Country of issue	Expiration date (mm/dd/yyyy)
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Manulife Bermuda information:

Yes No Do you have any Manulife Global Series policies?

Relationship to the life insured: _____

2. Political exposure information

Yes No

Has this individual or any close relative ever held a senior position in a government, political party, military, tribunal, or government-owned corporation?

If **yes**, provide details below: (attach additional sheets if necessary)

1.

Name (First) _____ MI _____ Last _____ Title _____

Organization name _____ Country _____

Position tenure: _____ to _____
Start year (yyyy) End year (yyyy) (if applicable)

Position held:

- Head of state or government
- Member of the executive council of government or legislature
- Deputy minister (or equivalent)
- Ambassador or ambassador's attaché or counselor
- President of a state-owned company or bank
- Head of a government agency
- Judge
- Leader or president of a political party in a legislature
- Military general (or higher rank)
- Other: (identify) _____

Relationship to the individual:

- Self
- Spouse or common-law partner
- Child
- Other close associate: _____
- Mother or father
- Brother, sister, half-brother, or half-sister
- Spouse's or common-law partner's parent

Source of the individual's funds for this transaction:

- Self-employment income
- Wages income
- Settlement of insurance
- Investment income
- Other source: _____
- Sale of an asset
- Legal claim
- Gift/inheritance
- Savings

3. Third party information

Yes No

Are you acting on the instructions of any individual other than the life insured or policy owner?

If **yes**, provide details below: (attach additional sheets if necessary)

Individual name (First) _____ MI _____ Last _____ Date of birth (mm/dd/yyyy) _____

Company or organization name (if applicable) _____ Incorporation number (if corporation) _____

Jurisdiction of registration (if corporation) _____ Principal business or occupation _____ Relationship to the life insured or policy owner _____

Address (Street) _____

City _____ Country _____ Mailing code _____

4. Signatures and certification

Individual signature:

By signing below, I confirm the information provided is complete and accurate, and I will inform you of any changes to this information in the future.

SIGN HERE →

Signature of individual _____ Date (mm/dd/yyyy) _____

Print name (First) _____ MI _____ Last _____

Identity verification signature:

By signing this form, I acknowledge that I have verified the identity of the individual listed above on behalf of Manulife Bermuda and attest that I have complied with the instructions set out above. I agree that I will be responsible to Manulife Bermuda for any loss, claim, damage, liability, or expense (including reasonable attorneys fees) related to my failure to fully comply with the instructions herein. I have no reason to believe that the person presenting themselves to me was not such individual. I have referred to the original documents above and I certify the information recorded was correctly copied from such documents. I have made reasonable efforts to determine whether the individual whose identity I am verifying is a politically-exposed person or acting on behalf of a third party. If I have reason to doubt the truthfulness of the information provided by the individual being identified, I will provide the details to Manulife Bermuda.

I confirm the individual is physically present or present via video conference when signing this form.

SIGN HERE →

Signature of identity verifier _____ Signed at (City/Country) _____ Date (mm/dd/yyyy) _____

Print name (First) _____ MI _____ Last _____ Relationship to individual _____

Company name _____ Title _____

Address (Street) _____

City _____ Country _____ Mailing code _____

Phone number _____ Email address _____