

Certification of Beneficial Owners

Account Information

To be filled out by the Sales Personnel/Wealth Specialist:

| | |
|--|-------------|
| Account Name | Account No. |
| Name of Legal Entity for which the Account is being opened, if applicable: | |

Beneficial Owner Information

To be filled out by the Account Owner. Individual applicant-owner and the authorized signatory/ies availing trust and/or investment management products and services on behalf of a legal entity must provide the following information:

Beneficial Owner 1: _____ % of Ownership

| | | | |
|---|----------------------------|---|--------------------------|
| Name (First Name, Middle Name, Last Name): | Date of Birth (mm/dd/yyyy) | Place of Birth (Municipality/City/State, Country) | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Wealth (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (mm/dd/yyyy) |

Beneficial Owner 2: _____ % of Ownership

| | | | |
|---|----------------------------|---|--------------------------|
| Name (First Name, Middle Name, Last Name): | Date of Birth (mm/dd/yyyy) | Place of Birth (Municipality/City/State, Country) | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Wealth (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (mm/dd/yyyy) |

Beneficial Owner 3: _____ % of Ownership

| | | | |
|---|----------------------------|---|--------------------------|
| Name (First Name, Middle Name, Last Name): | Date of Birth (mm/dd/yyyy) | Place of Birth (Municipality/City/State, Country) | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Wealth (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (mm/dd/yyyy) |

Information About the Form

The 2018 Revised Implementing Rules and Regulations of the Anti-Money Laundering Act of 2001, as amended, requires Covered Persons to obtain certain information from the individual applicant-owner and institutional client availing trust and/or investment products and services. Beneficial Owner refers to any natural person(s) who ultimately owns or controls a customer and/or on whose behalf a transaction is being conducted; or those who has ultimate effective control over a juridical person or legal arrangement. Ultimate effective control refers to situation in which ownership/control is exercised through actual or a chain of ownership or by means other than direct control.

Beneficial owner shall be:

1. The natural persons, if any, who ultimately have controlling ownership interest in a juridical person.

A shareholding or ownership interest of at least twenty percent (20%) in the customer held by a natural person shall be an indication of direct ownership. A shareholding or ownership interest of at least twenty percent (20%) in the customer held by a corporate entity, which is under the control of a natural person(s), or by multiple corporate entities, which are under the control of the same natural person(s), shall be an indication of indirect ownership.

2. The natural persons, if any, exercising control over the juridical person through other means, to the extent that there is a doubt under Item "(1)" above, as to whether the persons with the controlling ownership interest are the beneficial owners or where no natural person exerts control through ownership interests.

Control through other means, includes control exerted by means of trusts, agreements, arrangements, understandings, or practices, or when an individual can exercise control through making decisions about financial and operating policies. In addition, control also includes: (a) power to govern the financial and operating policies of the enterprise under statute or an agreement; (b) power to appoint or remove the majority of the members of the board of directors or equivalent governing body; (c) power to cast the majority votes at a meeting of the board of directors or equivalent governing body; or (d) any other arrangement similar to any of the above.

3. The natural person(s) who hold the position of senior managing official(s) or equivalent ranks, where no person under Items "(1)" and "(2)" is identified, or if there is any doubt that the person(s) identified are the beneficial owner(s).

Client Certification and Authorization

I am aware that Manulife Asset Management and Trust Corporation (the "Company") collects and uses my personal and sensitive personal information to operate a trust and fiduciary business. By signing this form and continuing to avail of the Company's products and services, I agree that the information I provided and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Company, including its shareholders, directors, and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at assetmanagement.manulife.com.ph/customer-privacy-policy for purposes of: approving this application; administering and servicing the account; marketing (including marketing of products and services offered by any member of the Manulife Financial Group and those of our business partners), promoting, getting feedback on its products and services, and measuring client satisfaction; conducting data analytics and doing automated data processing; preventing money laundering or terrorist financing activities; complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise; the Company's internal purposes such as governance, risk, compliance, and reporting; and for other reasonable purposes related to the services provided.

For my personal and sensitive personal information I provided to the Company, I am allowing the Company to keep them in line with its records retention policy. I will not hold the Company responsible for any claim, loss, liability and cost as a result of using such information for valid purposes.

Account Owner/Authorized Signatory's Signature over Printed Name

Authorized Signatory's Signature over Printed Name

Date Signed (mm/dd/yyyy)

Date Signed (mm/dd/yyyy)

Authorized Signatory's Signature over Printed Name

Date Signed (mm/dd/yyyy)

Manulife Asset Management and Trust Corporation, its products and services are regulated and governed by the Bangko Sentral ng Pilipinas (BSP) with telephone number (02) 708-7087 and email address consumeraffairs@bsp.gov.ph. For inquiries or complaints relating to our products and services, you may call our Customer Care Hotline at (02) 884-7000 or send an email to phcustomercare@manulife.com. To know your rights under BSP Circular No. 857 (Regulations on Financial Consumer Protection), please access a copy at the BSP website (www.bsp.gov.ph).

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