LARGE AMOUNT QUESTIONNAIRE
(To form part of the policy contract)

Name of Applicant (please print)

Note: Adequate proof of the statements of below declarations maybe requested by the Underwriting Department.

Part I
1. What is the purpose of insurance?
   (A) Personal
   - Protection for Dependents
   - Protection for Estate Duties
   - Income Replacement
   (B) Business
   - Children’s Education Fund
   - Other (please specify):

2. Please provide details of all current life insurance in-force or simultaneously applied on Proposed Insured, Proposed Insured’s family members and business associates:

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Name of Insured</th>
<th>Policy Number</th>
<th>Amount of Coverage</th>
<th>Date Issued of Policy</th>
</tr>
</thead>
</table>

3. How was the sum assured arrived at?

4. Please provide income details below:

   a. Earned Income
      - Annual Earned Income (salary/wages/director’s remuneration) PHP
      - Bonuses/Dividends PHP
      - Other Earned Income PHP

   b. Unearned income in the past 12 months
      - Rental Income PHP
      - Dividends from Shares PHP
      - Interest from the Bank Deposit PHP

   c. Net Business Investment
      - Income PHP
      - Others (please specify) PHP
5. Assets

a. Properties Owned

<table>
<thead>
<tr>
<th>Address</th>
<th>Date of Purchase</th>
<th>Purchase Price</th>
<th>Outstanding Mortgage</th>
<th>Current Value</th>
<th>Percentage of ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Other Assets:

(I) Automobiles
   No. of car(s) owned ________________________________
   Model of the car(s) (1) ___________________________ (2) ___________________________
   (3) ___________________________ (4) ___________________________

(II) Fixed deposit
      PHP ___________________________ US$ ___________________________

(III) Shares/Stocks/Bonds
      PHP ___________________________ US$ ___________________________

(IV) Business Equity
      PHP ___________________________

6. Liabilities

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(I) Mortgage(s)</td>
<td>PHP</td>
</tr>
<tr>
<td>(II) Personal Loans</td>
<td>PHP</td>
</tr>
<tr>
<td>(III) Credit line/Overdraft</td>
<td>PHP</td>
</tr>
<tr>
<td>(IV) At this time do you have an undischarged bankruptcy?</td>
<td>Yes No</td>
</tr>
<tr>
<td>(V) Others</td>
<td></td>
</tr>
</tbody>
</table>

7. Estimated Net Worth: PHP ___________________________

8. Family Lifestyle

No. of dependents
Relationship to the Proposed Insured
No. of Maid/Driver
Residential Property (if rented)
   Monthly Rental PHP Paid by:

9. Occupation

Applicant’s occupation
Commencement Date of Employment
Main duties of the Applicant

Part II If the Applicant is a business owner, please complete the following:

1. Details of Business Interest

   Name of Company
   Nature of Business
   No. of Years in the Business
   No. of employees in the Company
   Position held and for how long
   Percentage of shares owned
   Total Assets
   Total Liabilities
   Estimate Net Worth of the Business
<table>
<thead>
<tr>
<th></th>
<th>This Year</th>
<th>Last Year</th>
<th>2 Years Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Turnover</td>
<td>PHP</td>
<td>PHP</td>
<td>PHP</td>
</tr>
<tr>
<td>Gross Profit</td>
<td>PHP</td>
<td>PHP</td>
<td>PHP</td>
</tr>
<tr>
<td>Net profit</td>
<td>PHP</td>
<td>PHP</td>
<td>PHP</td>
</tr>
</tbody>
</table>

2. Are other Corporate Officers, Keyperson or Partners being insured?  
   Yes  No
   Give details and explanation: __________________________________________________________

**Part III**

For Keyman or Business Insurance or Business Loan Protection, please complete applicable portion:

**KEYMAN INSURANCE**

1. Please give reason/s why the Proposed Insured is considered valuable to the company

2. Please specify how the sum insured amount was calculated

3. How many are considered key persons in the company?

4. Will all the key persons be given the same insurance coverage? If no, please state why only selected key persons are given insurance coverage.

5. Total value of the Proposed Insured's current compensation

**PARTNERSHIP INSURANCE**

1. What liabilities arise on the death of the Proposed Insured?

2. Are policies affected on all shareholders/partners? If yes, please give details

3. What is the current valuation on the shares/partnership?

**Note:** Please submit Buy-Sell Agreement and current official valuation report for reference.
FOR BUSINESS LOAN PROTECTION

Note: Please submit a copy of the Loan Agreement for reference.

1. Name of Lender: ____________________________________________
2. Loan Amount: ______________________________________________
3. Purpose of the Loan: _________________________________________
4. Commencement Date: _________________________________________

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I understand that the personal information collected or held by AXA Philippines may be used, stored, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including any of its affiliates or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines to process and deal with my application/policy to which this is appended to.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance. Furthermore, I understand that declaration of any untruthful statement may also be a ground to invalidate my insurance.

_________________________________________  __________________________
Name and Signature                          Date of Signing