**ADVISOR’S DECLARATION**

Date:

I certify that I have discussed with       *(Mr./Ms. Client's Full Name)* via audio call on       *(Date and Time)* the following in relation to the client’s purchase of       *(Product Name).*

1. I confirm that the applicant/client is in the Philippines at the time of application;
2. I have secured from the applicant/client the minimum client information and ID required in the conduct of Client Due Diligence, including the client’s first, middle and last name, birthday, mobile number, e-mail address, and beneficiary;
3. I have conducted Medical Needs Analysis (MNA), if applicable;
4. I have discussed the Medical Underwriting Disclosures and Free-Look Period;
5. I have discussed the Product Features, Benefit Limits, Premium and Modes of Payment;
6. I have discussed other matters as required by Pacific Cross in the completion of the application.

I acknowledge my professional and administrative liability as a consequence of this Certification, if warranted after due notice and hearing, warranting disaccreditation by the Insurance Commission and/or any other appropriate action that may be taken before the proper forum.

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| **Signature of**  **Direct Tied Agent/**  **Financial Planner/Independent Agent/Broker:** |  |

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| **Name of**  **Direct Tied Agent/**  **Financial Planner/ Independent Agent/Broker:** |  |
| **License Code of**  **Direct Tied Agent/**  **Finnacial Planner/ Independent Agent/Broker:** |  |