

Name: ✓ \_\_\_\_\_  
(Surname) (Given Name) ( Middle Name)

Branch: ✓ \_\_\_\_\_ Area of Solicitation : \_\_\_\_\_

New Agents Code: \_\_\_\_\_ Date Hired: \_\_\_\_\_

ILS Code : \_\_\_\_\_ Old Code: \_\_\_\_\_



## AGENT'S RECRUITMENT & SELECTION PROFILE

Position / Level:	✓ _____
OH/ADM:	✓ _____
Marketing Director :	✓ _____
Sales Director :	✓ _____
Recruited By:	✓ _____

DATE RECEIVED REQUIREMENTS : \_\_\_\_\_

DATE CODED: \_\_\_\_\_





## Personal Information Sheet

✓  
PASTE  
1x1 photo here  
Write your name  
at the back of the  
picture.

### PERSONAL DATA

✓ Surname:	✓ Given Name:	✓ Middle Name:	✓ Mother's Maiden Name:
✓ Nickname:	Home Phone No.	✓ Cell Phone No:	✓ Email Add:
✓ Present Address:	✓ City / Municipality:	✓ Province:	✓ Zip code:
<input type="checkbox"/> Own House <input type="checkbox"/> Living with relatives <input type="checkbox"/> Renting	✓ Civil Status:	✓ Gender:	✓ Religion :
✓ Citizenship :	✓ Date of Birth:	✓ Place of Birth:	✓ Age:
✓ Provincial Address:			
✓ TIN NO.	✓ SSS No.	✓ Height:	✓ Weight:

### FAMILY DATA

✓ Mother's Name:	✓ Age:	✓ Occupation:
✓ Father's Name:	✓ Age:	✓ Occupation:
✓ Spouse's Name:	✓ Date of Birth:	✓ Date of Marriage:
✓ Occupation of Spouse:	✓ Company :	✓ No. of Children:
✓ Company Address of Spouse:		
✓ Relatives w/ PhilLife / Relationship:		
✓ In case of emergency please notify:		
✓ Address and Telephone Number		

### EDUCATIONAL & TRAINING BACKGROUND

	School	Year Completed	Honors
✓ High School			
✓ College/Course			
✓ Graduate School			
✓ Vocational/Special Course			
Insurance Courses Taken ( Please state details)			
✓ Are you a licensed insurance agent? If yes, please state company and Licensed no.			
✓ Awards/Distinctions/Year			

### Special Training/Seminar Attended

Title	Sponsor	Date

### WORK EXPERIENCES

Company	Position	Gross Pay	Inclusive Date

✓ Are you a Licensed Professional Teacher?: ☐ Yes ☐ No if yes, please state Name of School : \_\_\_\_\_ Category: ☐ Private ☐ DEP ED

I hereby certify that the above information is true and correct to the best of my knowledge.

✓

Signature over printed name





## AGENCY FIDELITY FUND

### PURPOSE & SCOPE

Membership in the **Agency Fidelity Fund (AFF)** or the FUND is a requisite for affiliation with PhilLife Financial Assurance Corp. or the COMPANY. The fund is established to ensure compliance with the proper performance of the terms and conditions set forth in the Agency Contract executed by an associate with the COMPANY.

### POLICIES AND PROCEDURES

1. Membership in the FUND is mandatory from the first day of contract of all sales associates, regardless of rank.
2. The FUND is established to guarantee payment of a specified sum to the COMPANY for whatever loss or losses the COMPANY may incur on account of any embezzlement, misappropriation, misuse or loss, arising from any cause whatsoever, by an associate or his/her staff or representative, over which the policyholder has no control.
3. The FUND shall operate on a cumulative continuing basis, at the rate of three percent **(3%)** of all commission-related compensation.
4. The COMPANY determines the amount of the FUND, which may only be increased or decreased at the beginning of each calendar year.
5. The FUND may be dissolved at any time upon **sixty (60) days notice**, but only if substituted with another form of surety.
6. The FUND shall bear interest at minimum prevailing savings rate.
7. Individual quarterly statements will be issued to reflect contribution and interest accumulation.
8. The amount in the # 7 is refundable to the associate upon separation from the COMPANY after submission of necessary clearance
9. The FUND shall not exempt nor free an associate from any legal or other obligations arising out of any unlawful or improper act.
10. The associate shall be liable for full restitution, for obligation or losses over and above the amount accumulated in item #7.

---

### AGENCY FIDELITY FUND AGREEMENT

Date: ✓ \_\_\_\_\_

TO : **PHILLIPINE LIFE FINANCIAL ASSURANCE CORP.**  
**Makati City**

I hereby agree and bind myself to comply with all the rules and requirements governing the Agency Fidelity Fund, which includes among others the following:

1. Phil. Life Financial Assurance Corp. shall deduct **3%** from my commission-related compensation, for deposit with the company under my name, toward the accumulation of the required amount of FUND.
2. The amount of FUND is **P 100,000.00**
3. My personal accumulation shall guarantee payment of specified sum to Phil. Life Financial Assurance Corp. for whatever loss or losses the Company may incur on account of any embezzlement, misappropriation, misuse or loss caused by myself or my staff/representative, over which the policyholder has no control.

Very truly yours,

✓ \_\_\_\_\_  
Signature over Printed Name

✓ \_\_\_\_\_  
Witness

✓ \_\_\_\_\_  
Witness



**S.Ma.R.T Scale**  
(Stability, Maturity & Responsibility Traits)

	Weight	Points
<b>Gross Annual Income</b>		
Below 24,000	0	
24,001 to 50,000	5	
50,001 to 120,000	10	
Above 120,000	15	
<b>Net Worth</b>		
0 to 50,000	3	
50,001 to 300,000	5	
Above 300,000	10	
<b>Age</b>		
18-22 yrs. old	3	
23-29 yrs. old	5	
30-49 yrs. old	15	
50-above 65 yrs. old	10	
<b>Education</b>		
High School graduate	3	
Vocational/Non-4 yr Course/College (not completed)	5	
College Graduate or Higher	10	
<b>Marital Status</b>		
Single	5	
Married/Separated/Widow/Widower	10	
<b>Work Experience</b>		
No work Experience	0	
Business Proprietor	20	
With Sales Experience		
Tangible Products	15	
Life/Health/Pre-Need/Real Estate	20	
Non-Sales Work Experience		
Non-Supervisory	10	
Supervisory and up	15	
<b>Personality</b>		
Personal Appearance	5	
Communication Skills	5	
Confidence/Attitude	5	
<b>With Existing Personal Life Insurance</b>	5	
<b>Total Pts.</b>		✓

Above 70 pts. -Highly Recommended  
Below 60 pts. - Not Recommended

69-60 pts.-Recommended w/ Close Supervision

**ADDITIONAL REMARKS AND OBSERVATIONS:**

---



---



---

✓ **INTERVIEWER'S**

✓ **FULL NAME AND SIGNATURE:** \_\_\_\_\_

✓ **OFFICIAL BASE ASSIGNMENT:** \_\_\_\_\_

✓ **DATE INTERVIEWED:** \_\_\_\_\_





PASTE  
1x1 photo here  
Write your name at the  
back of the picture.

## MANPOWER HIERARCHY

SURNAME: ✓	NAME: ✓	MIDDLE NAME ✓	MOTHER'S MAIDEN NAME: ✓	
RANK/ LEVEL <input type="checkbox"/> FC <input type="checkbox"/> FE <input type="checkbox"/> SD <input type="checkbox"/> MD	Area of Solicitation:	Branch:	Region:	Recruited By:

### Examination Result and License Information:

Life	Variable	Non Life	Previous License Number:	Previous Insurance Company:
Date: _____	Date: _____	Date: _____	Licensed No: _____	Life: _____
Score: _____	Score : _____	Score: _____	Issue Date: _____	Variable : _____
Examiner: _____ <input type="checkbox"/> IIAP <input type="checkbox"/> IC	Examiner: <u>Insurance</u> <u>Commission</u>	Examiner: <u>Insurance</u> <u>Commission</u>	Validity : _____	None Life: _____

### Calling Card Information:

Name to appear on calling card: _____	Rank _____
Mobile No. _____	Office No. _____
Email Add: _____	
Office Address : _____	

### Identification Card Information:

First Name	Middle Name	Surname	Position:	PASTE 1x1 photo here Write your name at the back of the picture.
Branch:	TIN No.	Validity:	Agent Code :	

### Agents Specimen Signature:

✓	✓	✓
---	---	---

### CERTIFICATION

This is to certify that a thorough investigation has been made into the character, conduct and fitness of ✓\_\_\_\_\_. He / She is of good moral character and has not been convicted of any crime involving moral turpitude. He / She was trained dated \_\_\_\_\_ on the basic principles of life, basic knowledge of products, compensation, PDIA and obligations and responsibilities as PhilLife insurance agent.

✓ Sales Director Name and Signature	✓ Marketing Director Name and Signature	✓ Operations Head Name and Signature
-------------------------------------------	-----------------------------------------------	--------------------------------------------

### For Licensing Use Only:

Date Received Requirements:	Designation:	Agents Code:	Appointment Date:
Remarks:			