

## PERSONAL INFORMATION FORM

Field Manager/Recruiter

New Business Manager (NBM)

New Business Office (NBO)

Business Dev't Manager (BDM)

Business Dev't Office (BDO)

### I. PERSONAL DATA

TITLE: (Mrs. / Miss / Dr. / Atty. / Others)										E-mail Address																			
SURNAME															Contact Number														
FIRST															Residence														
															Office														
															Mobile														
MIDDLE										NICKNAME										T.I.N.									
																									SSS No.				
Date of Birth DD / MM / YYYY					Age					Place of Birth										Nationality									
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Widow / Widower																								
City Address (STREET NO.)					Street Name										Village / Subd / Bldg														
Barangay					Town / City										Province														

### SPOUSE INFORMATION

Name of Spouse  SURNAME FIRST MIDDLE										Date of Birth DD / MM / YYYY										Age				
										Place of Birth										Nationality				
Spouse's Employer										Position														
List of Dependents (SURNAME, FIRST NAME, MIDDLE NAME)										Age					Date of Birth DD / MM / YYYY					Relationship				

How did you know about this business opportunity in Sun Life ?

- ☐ Newspaper / Magazine    ☐ Trade Event  
☐ I'm a Policy Holder    ☐ Sun Life Website  
☐ Flyers / Brochures    ☐ Social Media (Facebook, Instagram)

Referred by Employee (NAME)

Referred by Advisor (NAME)

**II. EDUCATION**

	School	Location	Degree Earned	Date Attended		Year Graduated	Honors / Awards Received
				From	To		
Graduate							
College							
High School							
Elementary							

**III. OCCUPATION** (Give below a record of your past employment since leaving school, beginning with your most recent job.)

Company Name		Job Title		
Address				
Date of Employment (MONTH & YEAR) FROM:                      TO:		Annual Income START Ps:                      End Ps:		Reason for Leaving
Contact Person		Contact Number		
Company Name		Job Title		
Address				
Date of Employment (MONTH & YEAR) FROM:                      TO:		Annual Income START Ps:                      End Ps:		Reason for Leaving
Contact Person		Contact Number		
Company Name		Job Title		
Address				
Date of Employment (MONTH & YEAR) FROM:                      TO:		Annual Income START Ps:                      End Ps:		Reason for Leaving
Contact Person		Contact Number		

**IV. MEMBERSHIP IN ORGANIZATIONS**

Name(s) of Organizations	Member Since	Position

**V. SALES EXPERIENCE**Do you have any Selling Experience? ☐ No ☐ Yes

If yes, what product line/s?

For how long?

**VI. CHARACTER REFERENCES** [Person (not relatives) who know you well. Please include your current or former superior. Give the names, address & contact number of three (3) professionals or business persons.]

Name	Company	Tel. No/s.	Position

**VII. OTHERS**

1. Have you been affiliated with other Life or Non-Life companies for the past 5 years whether as an advisor or employee?

☐ Yes ☐ No

If yes, please provide the following information

Name of Life / Non-Life Insurance Company Represented	Inclusive Dates	Position Occupied	Reason for Separation	License Issued (Please Check)		
				LIFE	VUL	NON-LIFE

2. Have you worked in SLOCPI and/or its affiliates as an employee, advisor or supplier?

☐ Yes ☐ No

If yes, kindly state period and in what capacity?

3. Do you have any relative in Sun Life of Canada (Philippines), Inc. (SLOCPI)?  
(e.g., parents, spouse, common-law partner, children, siblings, grandparents, grandchildren, and in-laws)

☐ Yes ☐ No      Name :

If yes, in what capacity? (Employee, advisor or supplier)      Relationship :

4. Do you have any relative working in Sun Life Asset Management Company, Inc. (SLAMCI), Sun Life Grepa Financial, Inc. (SLGFI) or Grepalife Asset Management Corp. (GAMC)?

☐ Yes ☐ No      Name :

If yes, in what capacity? (Employee, advisor or supplier)      Relationship :

5. Have you ever held or are currently holding any elected or appointed government position in the Philippines or another country?

☐ Yes ☐ No

If yes, kindly provide details

Government agency(-ies) & Position(s)	Date(s) held / currently holding position(s)

6. Do you have any relative within the 2nd degree by consanguinity or affinity (e.g., parents, spouse, common-law partner, children, siblings, grandparents, grandchildren, and in-laws) working in a government agency?

☐ Yes ☐ No

If yes, kindly provide details		
Name	Relationship	Government agency(-ies) & Position(s)

7. Have you ever been charged with, arrested for, or convicted of a crime even though the case was dismissed, pardoned, amnestied, or subjected to other similar action?

☐ Yes ☐ No

If yes, kindly provide details (e.g., nature of case, jurisdiction, status, etc.)

## VIII. DECLARATION AND AUTHORIZATION

I declare that all information supplied by me on this questionnaire and all other records and documents submitted by me in support of this application are true and correct to the best of my knowledge and belief. I agree that any false record or information supplied may result in the rejection of this application or if already accepted as an advisor, to the termination of my contract. I further authorize any organization, institution, or person that has any record or knowledge of me to give to Sun Life of Canada (Philippines), Inc., any such information or record. I also consent to a personal investigation, reference check, and credit investigation and expressly waive, relinquish my right to bring action against Sun Life of Canada (Philippines), Inc. or its representatives, employees, officers and related companies in connection with the conduct of such investigations or checking.

I understand and acknowledge that Sun Life of Canada (Philippines), Inc., its employees, duly authorized representatives, related companies, third party service providers and vendors, shall use, process and share my information, including sensitive personal information, with any person or organization to verify the accuracy of the above information and evaluate my application as an advisor.

I further understand and acknowledge that my personal data shall be retained for 10 years from the date of my application or termination of my contract as advisor, whichever is later and/or until expiration of the retention limit set by laws and regulations and the period set until destruction or disposal of records, unless withdrawn in writing or withheld due to changes in the information supplied by Sun Life of Canada (Philippines), Inc.

I certify that I have read, understood and agree with the declarations and authorizations above, including Sun Life of Canada (Philippines), Inc.'s privacy policy found in <https://apps.sunlife.com.ph/privacy>.

Date	Printed Name	Signature
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Revised May 2019.

## CHECKLIST OF REQUIREMENTS FOR LICENSING AND CODING (LIFE and VUL) as of May 2019

- ☐ Advisor's Contracting Manual (ACM) – completely filled out
  - ☐ Sun Select Selection Guide and Rating Kit – properly filled out by the recruiter/manager with ratings and recommendations from Recruiter/Manager, NBM and either RSM or Cluster Head
  - ☐ POPScreen Test Result – if result is "Proceed with Caution" or "Redirect", recommendation letter to continue, with approval of the Cluster Head or RSM
  - ☐ Top 100 Survey
  - ☐ 1x1 ID pictures (4 pcs), yellow background:
    - 2 pcs for CA Application Form (Trad and VUL)
    - 1 pc for ID
    - 1 pc for ACM
  - ☐ Latest (previous year) filed Income Tax Return (ITR) BIR Form 1700, 1701, 1702, or 2316; if not available, letter from the recruit explaining why there is no ITR, addressed to The Insurance Commission and approved by the Cluster Head or RSM
  - ☐ Photocopy of Tax Identification Number (TIN) card or any BIR document that indicates the TIN
  - ☐ Photocopy of Social Security System (SSS) Card or Personal Data Form or Self Employed Data Record or print out of online verification from SSS website (Compulsory Membership/Coverage for Insurance Advisors – Self-employed) – UMID not acceptable
  - ☐ National Bureau of Investigation (NBI) Clearance – Original and must be valid for the next 6 months upon submission
  - ☐ Photocopy of Clearance from immediate previous employer if not currently employed (3 years or less) STATING NO ACCOUNTABILITY or photocopy of company ID if currently employed
  - ☐ Photocopy of Licensing Exam Results – (Insurance Commission) or if taken at IIAP, Certificate of Training from IIAP
  - ☐ Photocopy of Original Receipt for payment of Licensing Fee/s
    - PhP 1,515.00 each for Life and VUL or PhP 3,030.00 for both
  - ☐ Duly filled out and notarized with documentary stamp Certificate of Authority (CA) Application Form/s (Life, VUL or both) – forms e-mailed together with licensing exams registration
  - ☐ If currently a government employee, letter from management of the government office (using letter head) allowing recruit to sell life insurance while employed (Permit to Sell)
  - ☐ Training Certificates – Insurance Concepts (Life and VUL) and SLTC
- If from another life insurance company:
- ☐ Clearance with license details: license number and date issued
- If currently employed in a financial institution (bank, stock brokerage, lending, pre need, nonlife insurance, etc) and position solicits sales:
- ☐ Letter from recruiting manager stating current position and stating non conflict of interest – to be approved by NBM, Cluster Head, Agency Governance and Chief Agency Distribution Officer.

### Additional if Naturalized Citizen:

- ☐ Photocopy of Certificate of Naturalization
- ☐ Photocopy of Immigrant Certificate of Residence

### Additional if Foreign National:

- ☐ Alien Certificate of Registration
- ☐ Photocopy of Immigrant Certificate of Residence
- ☐ Work Permit if not a permanent resident

\* Medical Exam, for 40y/o and above, for benefits coverage will be done after Coding

\* ACMs with incomplete requirements will be returned

Revised May 2019.

## PHYSICAL / MEDICAL DATA (NON-MEDICAL)

To be filled out by recruiter / manager / NBM or RSM

**IMPORTANT:** If 40 years and up, do not use this form. Instead, schedule prospective recruit for medical examination with accredited doctor. Result for submission to MEDICAL Dept. If UNFIT or with findings, MEDICAL Dept will inform the Licensing Section.

**Date Today:** \_\_\_\_\_

1. Family History	Age	Living	Dead	
		State of Health	Age of Death	Cause of Death
Father				
Mother				
Brothers & Sisters				

  

<p>2. Have any of your parents, brothers, sisters had high blood pressure or diabetes prior to age 60 or any hereditary disorder? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Are you under medical treatment by diet, medicine or other means? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Within the past 5 years have you:  a) consulted any doctor or other health practitioner? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  b) submitted to ECG, X-rays, blood test or other medical facility? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  c) attended or been admitted to any hospital or other medical facility? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  d) had any sexually transmitted disease? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Have you ever had or sought advice for:  a) *chest pain, high blood pressure, heart disorder or murmur? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  b) *asthma, *chronic cough, shortness of breath or lung disorder? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  c) *diabetes or sugar in the urine? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  d) *ulcer, *colitis, *chronic diarrhea, hepatitis or other liver or digestive disorder? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  e) cancer, tumor, enlarged glands or enlarged lymph nodes? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  f) anemia, bleeding or blood disorder? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  g) *fainting spells, *epilepsy, nervous or mental disorder? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  h) urine, kidney or bladder disorder? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  i) arthritis? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  j) any other illnesses, surgery or injury? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  k) Acquired Immune Deficiency Syndrome (A.I.D.S.) or A.I.D.S. related complex (A.R.C.)? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/>  l) a test indicating the presence of H.I.V. (A.I.D.S.) virus? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>6. Except as prescribed by a physician, have you ever used cocaine, heroin or other narcotics, marijuana, LSD or amphetamines? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Do you have any health symptoms of which a physician has not been consulted or treatment received? For example, persistent fever, unexplained weight loss, loss of appetite, pain or swelling etc. If "yes", give details. <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>8. a) Indicate your average weekly consumption of alcohol.  b) *Have you ever been advised to stop drinking alcohol or to drink less? <span style="float: right;">YES NO</span>  <input type="checkbox"/> <input type="checkbox"/></p>	<p>9. a) Height _____ ft. _____ ins. (cms _____ )</p> <p>b) Weight change of more than 5 lbs. in the past years?  Gain _____ lbs. ( _____ kgs.)  Loss _____ lbs. ( _____ kgs.)</p> <p>Reason/s: _____  _____</p> <p>Regular Attending Physician: _____  _____</p> <p>Address: _____  _____  _____</p> <p>Give full details to "Yes" answers with dates, reasons, diagnosis, treatment, result and give name and address of any physician attending.</p> <p style="text-align: right;">*Complete supplementary questionnaire)</p>
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I declare that I have made no statement to the recruiter or any other person connected with Sun Life Financial, which in anyway qualifies or modifies the above answers which I have read and certified to be true to the best of my knowledge and belief.

### AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or medically related facility, insurance company, or other organization or person that has any records or knowledge about me and my health to give to Sun Life Financial or its insurers any such information. A photographic copy of this authorization shall be as valid as the original.

This authorization is in connection with my application to be an agent of Sun Life Financial.

Signed at \_\_\_\_\_

Signature \_\_\_\_\_  
PROSPECTIVE AGENT

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

in the presence of \_\_\_\_\_  
WITNESS (RECRUITER/MANAGER/NBM or RSM)

## NOTES

## NOTES