

PLEASE PRINT CLEARLY

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)

**MANAGER
PRINTED NAME & WETSIGN**

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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WET SIGN HERE
APPLICANT ONLY

PHYSICAL / MEDICAL DATA (NON-MEDICAL) To be filled out by recruiter / manager / NBM or RSM

Date Today: _____

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.

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?</p> <p>3. Are you under medical treatment by diet, medicine or other means?</p> <p>4. Within the past 5 years have you:</p> <p>a) consulted any doctor or other health practitioner?</p> <p>b) submitted to ECG, X-rays, blood test or other medical facility?</p> <p>c) attended or been admitted to any hospital or other medical facility?</p> <p>d) had any sexually transmitted disease?</p> <p>5. Have you ever had or sought advice for:</p> <p>a) *chest pain, high blood pressure, heart disorder or murmur?</p> <p>b) *asthma, *chronic cough, shortness of breath or lung disorder?</p> <p>c) *diabetes or sugar in the urine?</p> <p>d) *ulcer, *colitis, *chronic diarrhea, hepatitis or other liver or digestive disorder?</p> <p>e) cancer, tumor, enlarged glands or enlarged lymph nodes?</p> <p>f) anemia, bleeding or blood disorder?</p> <p>g) *fainting spells, *epilepsy, nervous or mental disorder?</p> <p>h) urine, kidney or bladder disorder?</p> <p>i) arthritis?</p> <p>j) any other illnesses, surgery or injury?</p> <p>k) Acquired Immune Deficiency Syndrome (A.I.D.S.) or A.I.D.S. related complex (A.R.C.)?</p> <p>l) a test indicating the presence of H.I.V. (A.I.D.S.) virus?</p> <p>6. Except as prescribed by a physician, have you ever used cocaine, heroin or other narcotics, marijuana, LSD or amphetamines?</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.</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?</p>	<table border="0"> <tr> <th>YES</th> <th>NO</th> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>9. a) Height _____ ft. _____ ins. (cms _____)</p> <p>b) Weight change of more than 5 lbs. in the past years?</p> <p>Gain _____ lbs. (_____ kgs.)</p> <p>Loss _____ lbs. (_____ kgs.)</p> <p>Reason/s: _____</p> <p>_____</p> <p>_____</p> <p>Regular Attending Physician: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</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>*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 _____

**WET SIGN
APPLICANT ONLY**

Signature _____

PROSPECTIVE AGENT

this _____ day of _____ 20____

in the presence of _____

**MANAGER ONLY
PRINTED NAME &
WET SIGN**