# PROVIDE ANSWER TO ALL BLANKS (PUT N/A IF NOT APPLICABLE, FILL OUT CAREFULLY MUCH BETTER IF TYPEWRITTEN MUNA LAHAT THEN SAVE, SEND THE PDF FILE TO SECRETARY.

THIS GUIDE ONLY DO NOT EDIT

# DON'T PUT ANY DIGITAL SIGNATURE, MUST PUT FRESH INK PAG DATING SA SIGNATURES HIS GUIDE ONLY DO NOT EDIT PERSONAL INFORMATION FORM

NAME NI MANAGER HERE				
Field Manager/Recruiter				
JOCELYN PUA	JARRAH	λH		
New Business Manager (NBM)	New Business Office (NBO)			
Business Dev't Manager (BDM)  ALL HIGHLIGHTS MUST BE FILL	Business Dev't Office (BD0) OUT / PUT N/A IF NOT APPLI	CABLE		
I. PERSONAL DATA				
TITLE: (Mrs. / Miss / Dr. / Atty. / Others)	E-mail Address			
SURNAME	Contact Number			
	Residence			
FIRST	Office			
	Mobile			
MIDDLE	T.I.N.			
WINDSE HICKORY	SSS No.			
Date of Birth DD/MM/YYYY Age Place of Bir		160 0% 950s		
Gender	] Married ☐ Legally Separated ☐ Annulled ☐ Wi	dow / Widower		
City Address (STREET NO.)  Street Name	Village / Subd / Bldg			
Barangay Town / City	Province			
SPOUSE INFORMATION	<u> </u>			
Name of Spouse	Date of Birth DD / MM / YYYY Age			
SURNAME FIRST MIDDLE	Place of Birth Nation	nality		
Spouse's Employer	Position			
List of Dependents (SURNAME, FIRST NAME, MIDDLE NAME)	Age Date of Birth	Relationship		
	DD / MM / YYYY			
How did you know about this business opportunity in Sun Lif  ☐ Newspaper / Magazine ☐ Trade Event	Referred by Employee (NAME) N/A			
<ul> <li>☐ I'm a Policy Holder</li> <li>☐ Sun Life Website</li> <li>☐ Flyers / Brochures</li> <li>☐ Social Media (Facebook, Instagram</li> <li>PLEASE CHECK ONE DONT LEAVE UNCHECK</li> </ul>	Referred by Advisor (NAME)			

## ALL HIGHLIGHTS MUST BE FILL OUT / PUT N/A IF NOT APPLICABLE

# DO NOT LEAVE BLANKS

Ш.	EDUCATION							
		School	Location	Degree Earned	Date At	ttended To	Year Graduated	Honors / Awards Received
	Graduate							
	College							
	High School							
2	Elementary							
III.	III. OCCUPATION (Give below a record of your past employment since leaving school, beginning with your most recent job.)							
- 1	Company Nam	- Table		Job Title	9. /		***	
ē	Address	<u> </u>	*	job Hele		ar ar		
	Date of Emplo	yment (MONTH & YEAR) TO:	Annual Income	End Ps:		Reason	n for Leaving	
8	Contact Person	1		Contact Number	er			
	Company Nam	e		Job Title				
8	Address		T T			T.		
	Date of Emplo	yment (MONTH & YEAR) TO:	Annual Income START Ps:	End Ps:		Reason	n for Leaving	
	Contact Person	า	1	Contact Number	er			
9	Company Nam	e		Job Title				2
F	Address		Ť					
	Date of Emplo	yment (MONTH & YEAR) TO:	Annual Income START Ps:	End Ps:		Reason	n for Leaving	
·	Contact Person	1		Contact Number	er			
IV.	MEMBERSHI	P IN ORGANIZATIONS						
p	Name(s) of Org	ganizations		Memb	er Since			Position
8-						· · · · · · · · · · · · · · · · · · ·		
85								
17	CALES EVDE	DIENCE						
V.	SALES EXPE	A. M.						
5	Do you have a	ny Selling Experience?	No Yes				4	
	If yes, what pro	oduct line/s?					For how lo	ng?
								10

## ALL HIGHLIGHTS MUST BE FILL OUT / PUT N/A IF NOT APPLICABLE

## DO NOT LEAVE BLANKS

	ARACTER REFERENCES [Persor tact number of three (3) professionals		ow you well. Plea	se include your current or fo	rmer superior.	Give the r	ames, address &	
Nar	me	Compan	ıy	Tel. No/s.		Pos	ition	
VII. OT	HERS							
(1,)	Have you been affiliated with o	ther Life or Non-Life	companies for	the past 5 years whether	r as an adviso	or or emp	iloyee?	
	If yes, please provide the foll	owing information		T.				
	Name of Life / Non-Life Insurance	Inclusive	Position	Reason for	License I	icense Issued (Please Check)		
	Company Represented	Dates	Occupied	Separation	LIFE	VUL	NON-LIFE	
	☐ Yes ☐ No  If yes, kindly state period and	d in what capacity?						
3.	Do you have any relative in Sur (e.g., parents, spouse, common  ☐ Yes ☐ No ☐ Name:	n Life of Canada (Phili -law partner, childrer	ppines), Inc. (S n, siblings, gran	LOCPI)? dparents, grandchildren, a	and in-laws)			
	If yes, in what capacity? (Employee, advisor or supplier)   Relationship:							
4.	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 :	Yes No Name:						
	If yes, in what capacity? (Employee, advisor or supplier)   Relationship :							
5.	Have you ever held or are curred another country?  ☐ Yes ☐ No	ently holding any elec	ted or appoint	ed government position i	n the Philipp	ines or		
	If yes, kindly provide details							
	Government agency(-ies) & I	Position(s)		ate(s) held / currently ho	lding positior	n(s)		

# ALL HIGHLIGHTS MUST BE FILL OUT / PUT N/A IF NOT APPLICABLE DO NOT LEAVE BLANKS

Name	Relationship	Government agency(-ies) & Position(s)
		ne even though the case was dismissed, pardone
nestied, or subjected to o		ne even though the case was dismissed, pardone
nnestied, or subjected to o		
nnestied, or subjected to o	ther similar action?	

#### **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 <a href="https://apps.sunlife.com.ph/privacy">https://apps.sunlife.com.ph/privacy</a>.

	FILL 01/1		
Date	Printed Name	Signature	WET SIGNATURE

Revised May 2019.

## **SKIP THIS PAGE**

## CHECKLIST OF REQUIREMENTS FOR LICENSING AND CODING

(LIFE and VUL) as of May 2019

	Advisor's Contracting Manual (ACM) – completely filled o	ut					
	Sun Select Selection Guide and Rating Kit – properly fille recommendations from Recruiter/Manager, NBM and eit	d out by the recruiter/manager with ratings and her RSM or Cluster Head					
	POPScreen Test Result – if result is "Proceed with Cautic with approval of the Cluster Head or RSM	on" or "Redirect", recommendation letter to continue,					
	Top 100 Survey						
	<ul> <li>1x1 ID pictures (4 pcs), yellow background:</li> <li>2 pcs for CA Application Form (Trad and VUL)</li> <li>1 pc for ID</li> <li>1 pc for ACM</li> </ul>						
	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 Perso print out of online verification from SSS website (Compu Self-employed) – UMID not acceptable						
	National Bureau of Investigation (NBI) Clearance – Origin	al and must be valid for the next 6 months upon submission					
	Photocopy of Clearance from immediate previous emplo STATING NO ACCOUNTABILITY or photocopy of company						
	Photocopy of Licensing Exam Results – (Insurance Comm	nission) or if taken at IIAP, Certificate of Training from IIAP					
	Photocopy of Original Receipt for payment of Licensing F - PhP 1,515.00 each for Life and VUL or PhP 3,030.0						
	Duly filled out and notarized with documentary stamp C (Life, VUL or both) – forms e-mailed together with licens						
	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 fr □	If from another life insurance company:  Clearance with license details: license number and date issued						
	f 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.						
Add	ditional if Naturalized Citizen:	Additional if Foreign National:					
	Photocopy of Certificate of Naturalization	☐ Alien Certificate of Registration					
	Photocopy of Immigrant Certificate of Residence	Photocopy of Immigrant Certificate of Residence					
		☐ Work Permit if not a permanent resident					

Revised May 2019.

 $<sup>^{\</sup>star}$  Medical Exam, for 40y/o and above, for benefits coverage will be done after Coding

 $<sup>^{\</sup>star}$  ACMs with incomplete requirements will be returned

# ALL HIGHLIGHTS MUST BE FILL OUT / PUT N/A IF NOT APPLICABLE DO NOT LEAVE BLANKS

### 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			ead
1. Fairing History	Age	State of Health	Α	ge of Deat	th	Cause of Death
Father						
Mother						
Brothers & Sisters						
diabetes prior to age	e 60 or any hereditary o		YES	NO		Height ft ins. (cms )
		nedicine or other means?		,	D)	Weight change of more than 5 lbs. in the past years?
<ul><li>b) submitted to EC</li><li>c) attended or bee</li></ul>	octor or other health pr G, X-rays, blood test or					Gain lbs. ( kgs.) Loss lbs. ( kgs.
5. Have you ever had or sought advice for:  a) *chest pain, high blood pressure, heart disorder or murmur?  b) *asthma, *chronic cough, shortness of breath or lung disorder?  c) *diabetes or sugar in the urine?  d) *ulcer, *colitis, *chronic diarrhea, hepatitis or other liver or					_ <mark>IF</mark>	THE SPACE IS NOT NOUGH USE THE SPAGE
digestive disorde e) cancer, tumor, e f) anemia, bleedin g) *fainting spells, h) urine, kidney or i) arthritis?	er? enlarged glands or enlar g or blood disorder? *epilepsy, nervous or m bladder disorder?	ged lymph nodes?		00000	25 To 100 To	ular Attending Physician:
k) Acquired Inmun	ses, surgery or injury? e Deficiency Syndrome complex (A.R.C.)?	(A.I.D.S.) or			Add:	ress:
	the presence of H.I.V. (	A.I.D.S.) virus?		H	# <u></u>	
other narcotics, mai	rijuana, LSD or ampheta				The second second	Ill details to "Yes" answers
consulted or treatm	ent received? For exam loss, loss of appetite, pa				treatm	ates, reasons, diagnosis, ent, result and give name and s of any physician attending.
	erage weekly consumpt been advised to stop di	tion of alcohol. rinking alcohol or to drink less?			*Comple	ete supplementary questionnaire)

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	PLACE WHERE	YOU FILL OUT
Signature	WET SIGNATUR PROSPECTIVE AGENT	E OF RECRUIT
this	day of	20
in the pres	sence of OF MANA	/ET SIGNATURE GER TER/MANAGER/NBM OF RSM)

### **NOTES**

#### SAMPLE ON HOW TO WRITE YOUR REASONS:

4A: (REAONS, DIAGNOSIS, TREATMENT, RESULT AND GIVE NAME AND ADDRESS OF THE PHYSICAN)
4C: REAONS, DIAGNOSIS, TREATMENT, RESULT AND GIVE NAME AND ADDRESS OF THE PHYSICAN)

## **NOTES**