

**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.

DON'T PUT ANY DIGITAL SIGNATURE, MUST PUT FRESH INK PAG DATING SA SIGNATURES

**THIS GUIDE ONLY DO NOT EDIT**

**PERSONAL INFORMATION FORM**

NAME NI MANAGER HERE

Field Manager/Recruiter

JOCELYN PUA

New Business Manager (NBM)

JARRAH

New Business Office (NBO)

Business Dev't Manager (BDM)

Business Dev't Office (BDO)

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

**I. PERSONAL DATA**

TITLE: (Mrs. / Miss / Dr. / Atty. / Others)												E-mail Address																																			
SURNAME												Contact Number																																			
												Residence																																			
FIRST												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												Date of Birth DD / MM / YYYY												Age																							
SURNAME FIRST MIDDLE												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)

PLEASE CHECK ONE DONT LEAVE UNCHECK

Referred by Employee (NAME)

N/A

Referred by Advisor (NAME)

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## 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what product line/s?	For how long?

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## DO NOT LEAVE BLANKS

### 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)

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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.)

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## 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>.

FILL OUT		
Date	Printed Name	Signature <b>WET SIGNATURE</b>

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.

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

**Date Today:**

☐ ☐

\*Complete supplementary questionnaire)

WITNESS (RECRUITER/MANAGER/NBM or 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