



## Foreign National

**Please complete both pages of this form in its entirety for any foreign national applicant (any insured residing inside the United States who is neither a US citizen nor a US permanent resident with a Green Card).**

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Does the client have a Tax ID  Yes  No Does the client have a Social Security number  Yes  No

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

<b>CLIENT INFORMATION</b>	
Occupation	
Income	
Citizenship	
Does the client have a US Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type _____ Expiration date _____
Current residence	
Primary residence	
Location(s) of owned homes	
How long has the client been residing in the US	
How long does the client intend to stay in the US	
Company	
Location of work and duties	
Location of primary care physician	
Bank in US Mainland	

**IMMEDIATE RELATIVES WITH US CITIZENSHIP OR GREEN CARD LIVING IN US?**  Yes  No

If yes, relation?



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ASSETS AND LIABILITIES IN US DOLLARS BY COUNTRY			
Assets/Liabilities	Total Worldly	In the US Only	Outside the US (list country)
Assets			
Liabilities			
Net Worth			

TRAVEL: PRIOR 12 MONTHS (list all travel)			
City/Country	Reason	Number of Trips/Dates	Total Days

TRAVEL: NEXT 12 MONTHS (list all travel)			
City/Country	Reason	Number of Trips/Dates	Total Days

INSURANCE: APPLIED FOR COVERAGE			
Type/Face Amount	Owner and Beneficiary	Life Insurance Company	Insurance Need/Reason

INSURANCE: IN-FORCE COVERAGE				
Type/Face Amount	Date Policy was Issued	Owner and Beneficiary	Life Insurance Company	Insurance Need/Reason