

FOREIGN RESIDENT QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____
Face Amount: _____ Max. Premium: \$ _____ /year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship
Do you currently smoke cigarettes? Y N If no, did you ever smoke?: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____
Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

Occupation: _____

Income: _____

Citizenship: _____

US Visa type and expiration date: _____

Current residence: _____

Primary residence: _____

Location(s) of owned homes: _____

Company: _____

Does Proposed Insured own business(es) in the US?: _____

If Yes, value of business(es): _____

Location of work and duties: _____

How long has Proposed Insured been in the US?: _____

Does the client plan to remain in the US permanently?: _____

If No, how long do they plan to remain in the US?: _____

Immediate Relatives with US citizenship or Green Card living in US?: _____

If Yes, relation?: _____

Assets and Liabilities in US Dollars by Country			
	Total Worldly	In the US Only	Outside the US (list country)
Assets			
Liabilities			
Net Worth			

Prior and Next 12 months of travel (list all travel - international and country of residence)			
City/Country	Reason	Number of Trips/Dates	Outside the US (list country)

Insurance: In-Force Coverage in US			
Type/Face Amount	Owner and Beneficiary	Life Insurance Company	Insurance Need/Reason

Additional Comments: _____

