

Underwriting Questionnaire

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 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 _____

CLIENT INFORMATION	
Occupation	
Income	
Citizenship	
Does the client have a US Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type _____ Expiration date _____
Does the client have a Tax ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client have a Social Security number	<input type="checkbox"/> Yes <input type="checkbox"/> No
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