

CLIENT NAME: _____ Date: _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor Disability Coverage Amount: _____

Annual Income: _____ Occupation/Job duties: _____ State of Residence: _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

FOREIGN TRAVEL AND RESIDENCE QUESTIONNAIRE

SECTION A:

CITIZENSHIP

- Are you a citizen of the U.S. by birth? Yes (If Yes, go to Section D) No
- Are you a Naturalized citizen of the U.S.? Yes (If Yes, go to Section B) No
- Are you a citizen of a country other than the U.S.? Yes (If Yes, go to Section C) No

SECTION B:

U.S. CITIZEN (NATURALIZED)

- Where were you born? _____
- What is your naturalization number? _____
- How long have you lived in the U.S.? _____
- When do you plan to return to your native country (duration and expected frequency)? _____
- Complete Section D.

SECTION C:

NON-U.S. CITIZEN

- Of what country are you now a citizen? _____
- Indicate type of visa: Permanent Visa (Give Alien Registration #) _____
 Temporary Visa (Give Expiration Date) _____
 Visa # _____
- Indicate purpose of visa (work, student, government employee, etc.): _____
- Have you applied for U.S. citizenship? Yes No
- Do you also maintain a foreign residence? Yes No
If so, what is the address? _____
- Where does your immediate family (spouse and children) reside? _____
- When do you plan to return to your native country (duration and expected frequency)? _____
- How long have you lived in the U.S.? _____
- Complete Section D.

SECTION D:

FOREIGN TRAVEL OR RESIDENCE

1 Did you live or travel outside the U.S. in the past 3 years? Yes No

City	Country	Purpose (give full details)	Date	Length of Stay

2 Do you plan to live or travel outside the U.S. in the next 12 months? Yes No

City	Country	Purpose (give full details)	Date	Length of Stay

- Indicate type of foreign environment (Metropolitan, Rural/Agricultural, Primitive/Native, etc.): _____
- If business, state occupational duties performed: _____
- Comments: _____