

## Foreign National Questionnaire

**CLIENT:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Death benefit: \_\_\_\_\_ Plan type/details: \_\_\_\_\_  
 Underwriting classification/medical issues: \_\_\_\_\_

**STATUS:**

Green Card: YES NO  
 Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Other VISA (Please provide type): \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Country of Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**FINANCIAL NEXUS:**

US Bank/Brokerage Account: \_\_\_\_\_ Account Value \_\_\_\_\_  
 US Real Estate: \_\_\_\_\_ Market Value \_\_\_\_\_  
 US Business Interests: \_\_\_\_\_ Market Value \_\_\_\_\_  
 US Investment Holdings: \_\_\_\_\_ Market Value \_\_\_\_\_  
 Other Assets: \_\_\_\_\_ Value \_\_\_\_\_  
 Will premiums be paid from US Bank account? YES: NO: DETAILS: \_\_\_\_\_  
 Net Worth: (Within US) \_\_\_\_\_ (Global Including US) \_\_\_\_\_

**PHYSICAL NEXUS:**

Date of arrival in the United States: \_\_\_\_\_  
 Cumulative days spent in the United States in past twelve months: \_\_\_\_\_  
 Does the client have a social security number or TIN? YES: NO: DETAILS: \_\_\_\_\_  
 Is client transitioning to US residency? YES: NO: DETAILS: \_\_\_\_\_  
 Is medical care occurring within the United States? YES: NO: DETAILS: \_\_\_\_\_  
 Is a United States address available for correspondence? YES: NO: DETAILS: \_\_\_\_\_  
 Are any family members residing in the United States? YES: NO: DETAILS: \_\_\_\_\_  
 Is the PI married to a US citizen or have children born in the US? YES: NO: DETAILS: \_\_\_\_\_  
 Does the PI speak/read/understand English? YES: NO: DETAILS: \_\_\_\_\_  
 Is the insured a politically exposed person or in a high-risk occupation? If so, details: \_\_\_\_\_

Details of travel outside of the United States or country of residence in the next 12 months:

COUNTRY	CITIES VISITED	DURATION OF STAY	FREQUENCY OF VISITS	DATES	PURPOSE

The case may need to be QuickQuoted, so any additional information or explanations can be added here: