

# Foreign National

## Questionnaire

**Please complete this form 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).**



Knowledge. Experience. Results.

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, pip, snuff, etc.)?  Yes  No

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

CLIENT			
Occupation		Bank in US Mainland	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income		Company	
Citizenship		Location of work and duties	
US Visa type and expiration			
Current residence		Location of primary care physician	
Primary residence			
Location(s) of owned homes			

**IMMEDIATE RELATIVES WITH US CITIZENSHIP OR GREEN CARD LIVING IN US?**  Yes  No If yes, relation?

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