

# Foreign National Customer/Producer Certification



Mail or fax completed form to:  
**Accordia Life and Annuity Company**  
P.O. Box 305030, Nashville, TN 37230-5030, Fax: 800 262 6976

**Accordia Life and Annuity Company**  
215 10th Street, Suite 1100, Des Moines, IA 50309

**Contact us:**  
Customer Contact Center – Tel: 877 462 8992

For each proposed policy owner or insured that is a Foreign National Citizen: (i) residing in the U.S. without permanent resident qualifications or (ii) with foreign residence.

Proposed Insured's Name	First	MI	Last	Date of Birth (mm/dd/yyyy)
Proposed Policyowner's Name	First	MI	Last	

## CERTIFICATION

I certify that:

1. The application, underwriting, and policy delivery associated with this policy, and all communication regarding Accordia Life and its products, have occurred in the U.S.
2. The laws of my country of residence permit me to purchase this policy.
3. It is my sole responsibility to ascertain any tax or legal implications or treatment that the policy may have in the U.S. or my country of residence.
4. Accordia Life has recommended that I obtain legal and tax advice regarding the policy from my own independent advisors.
5. Accordia Life has not and will not provide me with any tax or legal advice, or guarantee or promise any particular legal or tax consequences arising out of or relating to the policy.
6. I shall bear the full cost of any U.S. or non-U.S. taxes due or any other charge or expense resulting from the purchase of the policy.
7. While Accordia Life may provide tax information reporting to various U.S. federal and state agencies regarding certain life insurance or annuity activity, I understand that Accordia Life does not as a matter of course provide such information to any foreign government agencies and does not anticipate doing so at this time. I also understand that nonetheless, Accordia Life tax reporting does not in any way affect the obligations that I may have with respect to such foreign governmental agencies or under foreign law. I also understand that Accordia Life does not provide tax or legal advice and nothing contained herein should be construed as such.
8. I understand English and that the policy contract and any communications relating to the policy will be in English.

## SIGNATURES

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust), have been met.

### SIGNED IN:

City	State
------	-------

Insured's Name: First MI Last (print)
---------------------------------------

Proposed Insured's Signature	Date
------------------------------	------

Policyowner's Name: First MI Last (print)
---

Proposed Applicant-Policyowner's Signature if other than Proposed Insured, and include Title, if Corporation, Trust, or Business Entity	Date
---	------

Producer's Name: First MI Last (print)
--

Producer's Signature	Date
----------------------	------

## PRODUCER CERTIFICATION

By signing this form, I certify that:

1. I understand that the marketing and solicitation of Accordia Life's products, including but not limited to, all sales activities, the application, underwriting requirements, delivery of written material (produced by or referring to Accordia Life) and policy delivery, and any ongoing communication following issuance of the policy, must occur only in the United States, and any such activity in a foreign country or jurisdiction is prohibited.
  2. I have reviewed and agree to abide by Accordia Life's foreign national guidelines and requirements.
  3. I will not take any action or engage in any conduct that contravenes or violates any U.S. or foreign law or regulation.
  4. It is my responsibility to be aware of and abide by all applicable U.S and foreign laws and regulations.
  5. I understand that Accordia Life and its representatives are not authorized to conduct business in a foreign country or jurisdiction.
  6. I agree that any action taken that would require Accordia Life to be authorized to conduct business in any foreign country or jurisdiction constitutes a violation of Accordia Life's foreign national guidelines and requirements.
  7. I understand that the payment of compensation to any foreign referral source in connection with the sale of an Accordia Life insurance policy may be prohibited in certain foreign countries or jurisdictions.
  8. I agree that I will notify Accordia Life immediately if any of the above declarations are no longer valid, any changes, additions and deletions are necessary, or if I become aware of any violation of U.S. or foreign laws and regulations, or Accordia Life's foreign national guidelines and requirements.
- 

## SIGNATURES

Producer's Name: First MI Last (print)

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date