

# Underwriting Questionnaire

## Foreign Resident

**Foreign residents are individuals of any citizenship residing in a country other than the United States. Examples: US citizen residing in Brazil; Mexican citizen residing in Mexico; Australian citizen residing in Panama.**

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

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		How long has the client been in the U.S.?
Does the client plan to remain in the US permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how long do they plan to remain in the US?		

### 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 - international and country of residence)

City/Country	Reason	Number of Trips/Dates	Total Days

### TRAVEL: NEXT 12 MONTHS (list all travel - international and country of residence)

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	Owner and Beneficiary	Life Insurance Company	Insurance Need/Reason



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