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 ☐ Yes ☐ 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? ☐ Yes ☐ 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