QUESTIONNAIRE: FOREIGN NATIONAL

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former Date Stopped: _____

☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL

☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Occupation		Bank in US Mainland? ☐ No ☐ Yes	
Income		Company:	
Citizenship		Location of work and duties:	
US Visa Type & Expiration			
Current Residence			
Primary Residence			
Location of owned home(s)			
Location of Physician			
How long have you known the client?			

Immediate Relatives with US Citizenship or Greencards			
Relation	Age	US Address	Years in US

Assets and Liabilities in US Dollars by Country			
Assets/Liabilities	Total Global	US Only	Ouside US (List Country)
Assets			
Liabilities			
Net Worth			

Travel: Prior Twelve Months			
City/Country	Reason	Number of Trips/Dates	Total Days

Travel: Next Twelve Months			
City/Country	Reason	Number of Trips/Dates	Total Days

Insurance: Applied For Coverage			
Type/Face Amount	Owner & Beneficiary	Life Insurance Company	Insurance Need/Reason

Insurance: In-Force Coverage				
Type/Face Amount	Policy Issue Date	Owner & Beneficiary	Life Insurance Co.	Insurance Need/Reason

Total amount of insurance desired: _____

Will any in force be replaced? ☐ No ☐ Yes

If yes, please provide details: _____

Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: _____