

To be completed by: *Noncitizens of the US or citizens contemplating foreign travel or residence*

Full Name (First, Last, Middle Initial)	Date of Birth
Current Residence (No., Street, City, State, Zip)	Birthplace
Face Amount	Plan and Riders
Occupation	Purpose of Insurance
Significant medical history (i.e. heart disease, CAD, diabetes, cancer, etc.)	

Section A - Citizenship

1. Are you presently a citizen of the US? Yes No

If "No", indicate your present citizenship _____

If "No", do you own assets in US? Yes No

Complete questions 2-5 only if question 1 is answered "No".

2. How long have you lived in the US on a full-time basis? _____
(If residence has not been continuous, give dates, and explain below in Section C - Comments.)

3. Do you expect to remain in the US permanently? Yes No
 When do you expect to obtain US citizenship? _____

4. What type of Visa (or other documentary evidence) authorizing your stay in the US do you have? Describe:
 Visa Symbol/Type _____ Number _____ Expiration Date _____

5. What members of your immediate family are full-time residents in the US, citizens of the US? Explain:

Section B - Foreign Travel or Residence

6. To what countries/cities do you intend to travel? _____
 Duration of absence from US _____

Duration of stays in each country and city to be visited _____

7. Date of departure from US _____

8. Will your family accompany you? Yes No

9. Purpose of travel or residence abroad _____

Section C - Comments (Please provide additional information here)

Signature

Signed at: _____ on _____
 City and State Date

X _____
 Signature of Proposed Insured