

Foreign National Questionnaire

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Policy #: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Policy Information**

Type of Policy: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Rate: \_\_\_\_\_

Purpose of Insurance: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Client Personal Information**

Name: \_\_\_\_\_

Approximate Net Worth: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

How long have you know them? \_\_\_\_\_

Address: (Street, City, State & Zip Code) \_\_\_\_\_

How well do you know this person? \_\_\_\_\_

How and where did you meet? \_\_\_\_\_

Who else do you know who knows this person? \_\_\_\_\_

**Category 1**

US Residence Address:  
(Street, City, State & Zip Code)

Substantial US Property List

Substantial US Business Interests List

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home's Value: \_\_\_\_\_

See Notes for Additional Property Listings

See Notes for Additional Business Listings

**Check one:**

Key Person in a US Company

**OR**

Key Person in a Foreign Company

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Income: \_\_\_\_\_

Travels to the US on business \_\_\_\_\_ times per year and stays approximately \_\_\_\_\_ per visit.

**Foreign National Questionnaire - Continued**

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**Category 2**

What business is this person in?

Ownership:

Company's Value:

Position:

Business Conducted in US:

Annual Income:  
\$

Assets in US Banks:

See Notes for Additional Listings.

Travels to the US on business \_\_\_\_\_ times per year and stays approximately \_\_\_\_\_ per visit.

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**Family Connections to US**

Relationship:

Name:

US Status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- |                                  |                                   |                                    |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident | <input type="checkbox"/> Owns Home |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident | <input type="checkbox"/> Owns Home |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident | <input type="checkbox"/> Owns Home |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident | <input type="checkbox"/> Owns Home |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident | <input type="checkbox"/> Owns Home |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident | <input type="checkbox"/> Owns Home |
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Notes for Additional Listings:

Additional Information: