

## **Assurity**<sup>®</sup> Life Insurance Company

Post Office Box 82533, Lincoln, NE 68501-2533 402-476-6500 | 800-276-7619 | FAX 877-864-6630

## **Foreign National Questionnaire**

This questionnaire should only be used if you are not a United States citizen or permanent resident (green card holder) living in the U.S. If you are a U.S. citizen or permanent resident, please use the Foreign Travel Questionnaire.

	PROPOS	ED INSURED INFORMATION:			
Lega	I Name		Date of Birth		
Cour	ntry of Birth				
Socia	al Security Number	1 2 1 1 7 11 00 0	ion Number		
1.	Do you have a visa?			🗌 Yes	☐ No
	If VES places provide details:			_	_
	Number	Туре	Symbol	Expiration	
2.	Are you married to a U.S. citizen?				
	If YES, does your spouse live with you?			Yes	☐ No
	If NO, where do they live?				
•	City		State/Country		
3.					
4. -					
5.	Do you have plans to move outside of the U.S.?				∐ No
	If YES, where?				
6.	Do you own a home in the U.S.?			Yes	☐ No
	If YES, where?				
	City	State		County	
7.	Do you own a home in a foreign country?			Yes	☐ No
	If YES, where?				
8.	City  Do you have a U.S. bank account?	Country		□ Vas	□ No
9.	Do you have a basic understanding of the English language?				
3. 10.	Do you plan to travel outside the U.S.?				
10.	If YES, where?			🗀 163	☐ NO
	City	Country			
	a. What is the purpose of travel outside the U.S.?   Business	Pleasure			
	b. How often do you travel outside the U.S.?				
	c. Average length of stay for each trip?				
	d. When was your last trip outside the U.S.?				
11.	Are you currently employed on a full-time basis in the U.S.?				□ No
	If NO, provide reason:				
	If YES:				
	Name of Employer		Employer's Address		
		Occupation and Duting			
	a. How long have you been employed with this employer?	Occupation and Duties			
	b. If less than one (1) year:				
	Previous Employer's Name	<del></del>	Previous Employer's Address		
12.	Do you own a business?	Occupation and Duties		□ Vec	□ No
14.	If YES:			🗀 169	☐ INO
	Name of Business	Business Address	<del></del>	of Business	

If YES:	b. Does the business have operations in the U.S.?   yes   No c. How long have you owned this business?   yes   No if YES:   Total Annual Earnerof Uneamed Income   Yes   No if YES:   Total Annual Earnerof Uneamed Income   Yes   No if YES:   Total Annual Earnerof Uneamed Income   Yes   No if YES:   Total Annual Earnerof Uneamed Income   Yes   No if YES:   Total Annual Earnerof Uneamed Income   Yes   No if YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   No a. INO, who is completing this questionnaire?   yes   No a. INO, who is completing this questionnaire?   Yes   No a. INO, who is completing this questionnaire?   Relationship to the Proposed Insured unless otherwise indicated):   Proposed Policyowner is check one):   Family member (U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   Yes   No is a U.S. Business   U.S. Trust   Yes   Yes   U.S. Trust   Yes   Yes   U.S. Trust   Yes   Yes   No is proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner own a bome in the U.S.?   Yes   No if YEs, where?   Proposed Policyowner own a business?   Yes   No if YEs, where?   Proposed Policyowner own a business?   Yes   No if Yes   N	b. Does the business have operations in the U.S.?  c. How long have you owned this business?  10. Do you earn U.S. income?  If YES.  Total Annual Earned Unearned Income  11. Do you earn income outside the U.S.?  Total Annual Earned Unearned Income  12. Total Annual Earned Unearned Income  13. Do you have established medical care with a doctor or clinic in the U.S.?  If YES.  Name of Doctor/Clinic  Address (No PO Box)  Address (No PO Box)  Phone Number  a. Dete of last visit  16. Are you (Proposed Insured) completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  Proposed Policyowner is (check one):  Family member (NoU.S. citizen and non-permanent resident)  J.S. Business  U.S. Trust  Other, Please specify:  1. If Proposed Policyowner's Social Security Number or Tax Identification Number  a. Proposed Policyowner's Logal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?  If YES. where?  City State  County  Altere is the business incorporated?  b. Does the business have operations in the U.S.?  If Hore is the business have operations in the U.S.?  C. How long have you owned this business?  Does the Proposed Policyowner am U.S. income?  Description of the Proposed Policyowner am U.S. income?  Does the Proposed Policyowner am U.S. income?  Description of the U.S.?  Conty	b. Does the business have operations in the U.S.?   yes   No c. How long have you owned this business?   yes   No If YES.      10 you earn U.S. income?   yes   No If YES.	b. Does the business have operations in the U.S.?   yes   No c. How long have you wand this business?     yes   No if YES.	b. Does the business have operations in the U.S.?
13. Do you earn U.S. income?     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Name of Doctor/Clinic   Address (No PO Box)   Phone Number     Aber of last visit     Are you (Proposed Insured) completing this questionnaire?     Yes   No     Are you (Proposed Insured) completing this questionnaire?     Yes   No     Are you (Proposed Policyowner is (check one):   Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:     Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:	13. Do you earn U.S. income?	Yes   No   No   No you earn U.S. income?   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Name of Douton/Clinic   Address (No PO Box)   Phone Number   And you (Proposed Insured) completing this questionnaire?   Yes   No   No   Annual Earned Double (No PO Box)   Phone Number   Yes   No   No   Annual Earned Policyowner is (check one):   Family member (U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Ofther, Please specify:   U.S. Business   U.S. Trust   Ofther, Please specify:   A Proposed Policyowner's and Non-Permanent Resident:   A Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's No   Proposed Policyowner   Proposed Pol	Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   And Yes   No   And Yes   No   No   And Yes   No   No   And Yes   No   And Yes   No   No   No   No   No   No   No   N	13. Do you earn U.S. income?	13. Do you earn U.S. income?
13. Do you earn U.S. income?     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Total Annual Earned Uneamed Income     Yes   No   If YES:     Name of Doctor/Clinic   Address (No PO Box)   Phone Number     Aber of last visit     Are you (Proposed Insured) completing this questionnaire?     Yes   No     Are you (Proposed Insured) completing this questionnaire?     Yes   No     Are you (Proposed Policyowner is (check one):   Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:     Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:	13. Do you earn U.S. income?	Yes   No   No   No you earn U.S. income?   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Tabil Annual Earned Unearned Income   Yes   No   If YES:   Name of Douton/Clinic   Address (No PO Box)   Phone Number   And you (Proposed Insured) completing this questionnaire?   Yes   No   No   Annual Earned Double (No PO Box)   Phone Number   Yes   No   No   Annual Earned Policyowner is (check one):   Family member (U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Ofther, Please specify:   U.S. Business   U.S. Trust   Ofther, Please specify:   A Proposed Policyowner's and Non-Permanent Resident:   A Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's Social Security Number or Tax Identification Number   Proposed Policyowner's No   Proposed Policyowner   Proposed Pol	Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Total Annual Earneof Unearneof Income   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   And Yes   No   And Yes   No   No   And Yes   No   No   And Yes   No   And Yes   No   No   No   No   No   No   No   N	13. Do you earn U.S. income?	13. Do you earn U.S. income?
Total Annual Earnerd Uneamed Income   Yes   No   If YES	Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   No   Address (No PO Box)   Phone Number   No   Address (No PO Box)   Phone Number   No   No   State   No   No   No   State   No   No   No   No   No   No   No   N	Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   No   No   No   No   No   No   No   N	Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   Yes   No   Yes   Yes   No   Yes   No   Yes   Yes	Total Annual Eamed Uneamed Income   Yes   No   If YES	Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Total Annual Earned Unearned Income   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   No   Address (No PO Box)   Phone Number   No   Address (No PO Box)   Phone Number   No   No   State   No   No   No   State   No   No   No   No   No   No   No   N
14. Do you earn income outside the U.S.?	14. Do you earn income outside the U.S.?	14. Do you earn income outside the U.S.?	14. Do you earn income outside the U.S.?	14. Do you earn income outside the U.S.?   Yes   No   If YES	14. Do you earn income outside the U.S.?
If YES:    Total Annual Earned Uncome   Total Annual Earned Uncome	If YES:   Total Annual Exmed Uneamed Income   Yes   No   If YES.   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   No   No   Address (No PO Box)   Phone Number   No   No   No   No   No   No   No   N	If YES:   Total Annual Earned Uncome   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   Yes   No   No   Address (No PO Box)   Phone Number   Yes   No   No   No   No   No   No   No   N	If YES:   Total Annual Earnest Unevenied Income	If YES:    Total Annual Eamed/Uneamed Income   Total Annual Eamed/Uneamed Income   Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number	If YES:   Total Annual Exmed Uneamed Income   Yes   No   If YES.   Name of Doctor/Clinic   Address (No PO Box)   Phone Number   No   No   Address (No PO Box)   Phone Number   No   No   No   No   No   No   No   N
Solution	Total Annual Eamed Uneared Import    Source   Do you have established medical care with a doctor or clinic in the U.S.?	Total Annual Earnest Unearnest Uncome    So   Do you have established medical care with a doctor or clinic in the U.S.?	Total Annual Eamed Uneared Income    Yes   No   If YES:   Name of Doctor/Clinic   Address (No PO Box)   Phone Number	Total Annual Eamed Unearmed Income  15. Do you have established medical care with a doctor or clinic in the U.S.?	Total Annual Eamed Uneared Import    Source   Do you have established medical care with a doctor or clinic in the U.S.?
If YES:    Name of Doctor/Clinic   Address (No PO Box)   Phone Number	If YES:    Name of Doctor/Clinic   Address (No PO Box)   Phone Number	If YES:    Name of Doctor/Clinic   Address (No PO Box)   Phone Number	If YES:    Name of Doctor/Clinic   Address (No PO Box)   Phone Number	If YES:    Name of Doctor/Clinic   Address (No PO Box)   Phone Number	If YES:    Name of Doctor/Clinic   Address (No PO Box)   Phone Number
a. Date of last visit    6. Are you (Proposed Insured) completing this questionnaire?	a. Date of last visit  16. Are you (Proposed Insured) completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:   If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)     3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No If YES; where?   City   State   County   Yes   No If YES:   Name of Business   Business Address   Business Address   Type of Business   A. Where is the business incorporated?   Yes   No   C. How long have you owned this business?   Yes   No   C. How long have you owned this business?   Yes   No   C. How long have you owned this business?   Yes   No   No   C. How long have you owned this business?   Yes   No   No   No   No   No   No   No   N	a. Date of last visit  16. Are you (Proposed Insured) completing this questionnaire?    PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):   Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:   If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name     b. Proposed Policyowner's Social Security Number or Tax Identification Number     c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)     d. Proposed Policyowner's Foreign Home Address (City, Country)     3. Does the Proposed Policyowner own a home in the U.S.?   Yes   Not If YES; where?     City   State   Country     Caly   State   Country     Does the Proposed Policyowner own a business?     Does the business incorporated?     b. Does the business incorporated?     c. How long have you owned this business?     C. How long have you owned this business?	a. Date of last visit  16. Are you (Proposed Insured) completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:   If Proposed Policyowner's Legal Name     b. Proposed Policyowner's Social Security Number or Tax Identification Number     c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)     d. Proposed Policyowner's Foreign Home Address (City, Country)     3. Does the Proposed Policyowner own a home in the U.S.?     If YES, where?     Cay   State   County     Yes   No     If YES:   Name of Business     a. Where is the business incorporated?     b. Does the Proposed Policyowner am U.S. income?     Yes   No     C. How long have you owned this business?     Yes   No     C. How long have you owned this business?     Yes   No	a. Date of last visit  16. Are you (Proposed Insured) completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  17. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust     Other, Please specify:   If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name     b. Proposed Policyowner's Social Security Number or Tax Identification Number     c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)     d. Proposed Policyowner's Foreign Home Address (City, Country)     3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No     If YES, where?     City   State   County     4. Does the Proposed Policyowner own a business?   Business Address   Type of Business     a. Where is the business incorporated?     b. Does the business have operations in the U.S.?   Yes   No     c. How long have you owned this business?     Chow long have you owned this business?     C. How long have you owned this business?     Yes   No     No   Yes   No     C. How long have you owned this business?     Yes   No	a. Date of last visit  16. Are you (Proposed Insured) completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:   If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)     3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No If YES; where?   City   State   County   Yes   No If YES:   Name of Business   Business Address   Business Address   Type of Business   A. Where is the business incorporated?   Yes   No   C. How long have you owned this business?   Yes   No   C. How long have you owned this business?   Yes   No   C. How long have you owned this business?   Yes   No   No   C. How long have you owned this business?   Yes   No   No   No   No   No   No   No   N
Are you (Proposed Insured) completing this questionnaire?   Yes   No a. If NO, who is completing this questionnaire?   Yes   No a. If NO, who is completing this questionnaire?	Are you (Proposed Insured) completing this questionnaire?   Yes   No a. If NO, who is completing this questionnaire?   PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):	Are you (Proposed Insured) completing this questionnaire?   Yes   No. a. If NO, who is completing this questionnaire?   PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):	Are you (Proposed Insured) completing this questionnaire?   Yes   No a. If NO, who is completing this questionnaire?   PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):	Are you (Proposed Insured) completing this questionnaire?   Yes   No a. If NO, who is completing this questionnaire?   PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):	Are you (Proposed Insured) completing this questionnaire?   Yes   No a. If NO, who is completing this questionnaire?   PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):
a. If NO, who is completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:    Justification   Justification   Relationship to the Proposed Insured:    U.S. Business     U.S. Trust     Other, Please specify:  2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name     b. Proposed Policyowner's Social Security Number or Tax Identification Number     c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)     d. Proposed Policyowner own a home in the U.S.?     State   County     Does the Proposed Policyowner own a business?     Does the Proposed Policyowner own a business?     Does the business incorporated?     b. Does the business have operations in the U.S.?     Does the business have operations in the U.S.?     State   County     Yes   No     C. How long have you owned this business?	a. If NO, who is completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  Proposed Policyowner is (check one):  Family member (U.S. citizen or permanent resident) Relationship to the Proposed Insured:  U.S. Business  U.S. Trust  Other, Please specify:  If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's V.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  Does the Proposed Policyowner own a home in the U.S.?  City State County  4. Does the Proposed Policyowner own a business?  Business Address  Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  CHOW long have you owned this business?  Social Security Number of Tax Identification Number  Country  Yes No  CHOW long have you owned this business?	a. If NO, who is completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  Proposed Policyowner is (check one):  Family member (U.S. citizen or permanent resident) Relationship to the Proposed Insured:  U.S. Business  U.S. Trust  Other, Please specify:  If Proposed Policyowner's Legal Name  b. Proposed Policyowner's Legal Name  c. Proposed Policyowner's U.S. Horne Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  Does the Proposed Policyowner own a home in the U.S.?  Lify State  County  HYES, where?  City State  County  Yes No  If YES:  Name of Business  a. Where is the business incorporated?  b. Does the Proposed Policyowner am U.S. income?  Yes No  C. How long have you owned this business?	a. If NO, who is completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  Proposed Policyowner is (check one):  Family member (U.S. citizen or permanent resident) Relationship to the Proposed Insured:  U.S. Business  U.S. Trust  Other, Please specify:  If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's Foreign Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  Does the Proposed Policyowner own a home in the U.S.?  City State County  4. Does the Proposed Policyowner own a business?  If YES:  Name of Business  Business Address  Type of Business  a. Where is the business incorporated?  b. Does the Proposed Policyowner am U.S. income?  ———————————————————————————————————	a. If NO, who is completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)	a. If NO, who is completing this questionnaire?  PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  Proposed Policyowner is (check one):  Family member (U.S. citizen or permanent resident) Relationship to the Proposed Insured:  U.S. Business  U.S. Trust  Other, Please specify:  If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's V.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  Does the Proposed Policyowner own a home in the U.S.?  City State County  4. Does the Proposed Policyowner own a business?  Business Address  Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  CHOW long have you owned this business?  Social Security Number of Tax Identification Number  Country  Yes No  CHOW long have you owned this business?
PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):	PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Justiness   U.S. Trust   U.S. Trust   Other, Please specify:  2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's Foreign Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)   3. Does the Proposed Policyowner own a home in the U.S.?   State   County   Yes   No If YES:   Name of Business   Business Address   Type of Business   Authors   Yes   No C. How long have you owned this business?   Yes   No C. How long have you owned this business?   Yes   No C. How long have you owned this business?   Yes   No   Yes   No C. How long have you owned this business?   Yes   No   Yes   No   No   Yes   No   No   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes   Yes	PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Justiness   U.S. Business   U.S. Trust   Other, Please specify:  2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's Foreign Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?   State   County   Yes   Note   Note	PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)	PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):    Proposed Policyowner is (check one):	PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):  1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Justiness   U.S. Trust   U.S. Trust   Other, Please specify:  2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's Foreign Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)   3. Does the Proposed Policyowner own a home in the U.S.?   State   County   Yes   No If YES:   Name of Business   Business Address   Type of Business   Authors   Yes   No C. How long have you owned this business?   Yes   No C. How long have you owned this business?   Yes   No C. How long have you owned this business?   Yes   No   Yes   No C. How long have you owned this business?   Yes   No   Yes   No   No   Yes   No   No   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes   Yes
Proposed Policyowner is (check one):   Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust     Other, Please specify:	1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust     Other, Please specify:   2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name     b. Proposed Policyowner's Social Security Number or Tax Identification Number     c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)     d. Proposed Policyowner's Foreign Home Address (City, Country)     3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No     If YES, where?   City   State   County     4. Does the Proposed Policyowner own a business?   Business Address   Type of Business     a. Where is the business incorporated?     b. Does the business have operations in the U.S.?   Yes   No     c. How long have you owned this business?     5. Does the Proposed Policyowner earn U.S. income?   Yes   No     1 Yes   No     2 Yes   No     3 Yes   No     4 Yes   No     5 Yes   No     6 Yes   No     7 Yes   No     8 Yes   No     9 Yes   No	1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust     Other, Please specify:   2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name     b. Proposed Policyowner's Social Security Number or Tax Identification Number     c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)     d. Proposed Policyowner's Foreign Home Address (City, Country)     3. Does the Proposed Policyowner own a home in the U.S.?   Yes   Note of State     A. Does the Proposed Policyowner own a business?     State   Country     Yes   Note of State   Country     Yes   Note of Business     Author of Business   Business Address     D. Does the business have operations in the U.S.?     C. How long have you owned this business?     State   Country     Yes   Note of Business     Yes	1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust     Other, Please specify:   2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name     b. 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Proposed Policyowner is (check one):    Family member (Iv.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust     Other, Please specify:   U.S. Trust   Other, Please specify:   U.S. State   Other, Please specify:   U.S. Trust   Other, Please specify:   U.S. State   Other, Please specify:   U.S. Trust   Other, Please specify:   U.S. Trust   Other, Please specify:   U.S. State   Other, Please specify:   U.S. Trust   Other, Please specify:   U.S. Trust   Other Proposed Insured:   U.S. Trust   Other Proposed Insu	1. Proposed Policyowner is (check one):    Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:   Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust     Other, Please specify:   2. 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Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:	Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:	Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:     Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:     U.S. Business   U.S. Trust     Other, Please specify:	Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:	Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:	Family member (U.S. citizen or permanent resident)   Relationship to the Proposed Insured:
Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:     U.S. Business     U.S. Trust     Other, Please specify:     If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:     a. Proposed Policyowner's Legal Name     b. Proposed Policyowner's Social Security Number or Tax Identification Number     c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)     d. Proposed Policyowner's Foreign Home Address (City, Country)     Does the Proposed Policyowner own a home in the U.S.?   Yes   No     If YES, where?     City   State   County     Does the Proposed Policyowner own a business?   Yes   No     If YES:     Name of Business   Business Address   Type of Business     a. Where is the business incorporated?     b. Does the business have operations in the U.S.?   Yes   No     c. How long have you owned this business?	Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:     Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's V.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)   Yes   No   If YES, where?     Vity   State   County   Yes   No   If YES:   Name of Business   Business Address   Type of Business   Author of Business   Name of Business	Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:       Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify:     Other, Please specify	Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:	Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:     Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's V.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)   Yes   No If YES, where?   City   State   Country   Yes   No If YES:   Name of Business   Business Address   Type of Business   Author State   Type of Business   No If Yes   No If	Family member (Non-U.S. citizen and non-permanent resident)   Relationship to the Proposed Insured:   U.S. Business   U.S. Trust   Other, Please specify:     Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's V.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)   Yes   No   If YES, where?     Vity   State   County   Yes   No   If YES:   Name of Business   Business Address   Type of Business   Author State   No   Vity   No   If Yes   No   No   C. How long have you owned this business?   Yes   No   No   No   No   No   No   No   N
	□ U.S. Business □ U.S. Trust   □ Other, Please specify:   2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)   3. Does the Proposed Policyowner own a home in the U.S.? Yes No   If YES, where?   4. Does the Proposed Policyowner own a business? State County   4. Does the Proposed Policyowner own a business? No   If YES: Name of Business Business Address Type of Business   a. Where is the business incorporated? D. Does the business have operations in the U.S.? Yes No   c. How long have you owned this business? Yes No   5. Does the Proposed Policyowner earn U.S. income? Yes No		U.S. Business   U.S. Trust   Other, Please specify:   2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number   c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country)   3. Does the Proposed Policyowner own a home in the U.S.?   City State   County   4. Does the Proposed Policyowner own a business? State   Name of Business Business Address   a. Where is the business incorporated?   b. Does the business have operations in the U.S.? Yes No   c. How long have you owned this business? Yes No   5. Does the Proposed Policyowner earn U.S. income? Yes No	□ U.S. Business □ U.S. Trust   □ Other, Please specify: □   2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident: a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country) □   3. Does the Proposed Policyowner own a home in the U.S.? □ Yes No   If YES, where? □ Yes No   4. Does the Proposed Policyowner own a business? □ Yes No   If YES: Name of Business Business Address Type of Business   a. Where is the business incorporated? □ Yes No   b. Does the business have operations in the U.S.? □ Yes No   c. How long have you owned this business? □ Yes No   5. Does the Proposed Policyowner earn U.S. income? □ Yes No	□ U.S. Business □ U.S. Trust   □ Other, Please specify: □   2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident: a. Proposed Policyowner's Legal Name   b. Proposed Policyowner's Social Security Number or Tax Identification Number c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)   d. Proposed Policyowner's Foreign Home Address (City, Country) □   3. Does the Proposed Policyowner own a home in the U.S.? □ Yes No   If YES, where? If YES, where? Ushame of Business? State Country Yes No   4. Does the Proposed Policyowner own a business? Business Address Type of Business   a. Where is the business incorporated? D. Does the business have operations in the U.S.? □ Yes No   c. How long have you owned this business? □ Yes No   5. Does the Proposed Policyowner earn U.S. income? □ Yes No
□ U.S. Trust □ Other, Please specify:  If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?				□ U.S. Trust □ Other, Please specify:  2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident: a. Proposed Policyowner's Legal Name b. Proposed Policyowner's Social Security Number or Tax Identification Number c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code) d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?  City State County 4. Does the Proposed Policyowner own a business?  Name of Business Business Address Type of Business a. Where is the business incorporated? b. Does the business have operations in the U.S.?  C. How long have you owned this business?	
☐ Other, Please specify:  If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  Does the Proposed Policyowner own a home in the U.S.?	Other, Please specify:	Other, Please specify:	Other, Please specify:	Other, Please specify:	Other, Please specify:
If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?
If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:   a. Proposed Policyowner's Legal Name	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Legal Name  b. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?	2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  a. Proposed Policyowner's Social Security Number or Tax Identification Number  c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)  d. Proposed Policyowner's Foreign Home Address (City, Country)  3. Does the Proposed Policyowner own a home in the U.S.?
B. Does the Proposed Policyowner own a home in the U.S.? Yes No  If YES, where?  City State County  Does the Proposed Policyowner own a business? Name of Business  Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.? Yes No  c. How long have you owned this business?	3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No If YES, where?   City   State   County    4. Does the Proposed Policyowner own a business?   Yes   No If YES:   Name of Business   Business Address   Type of Business    a. Where is the business incorporated?   Yes   No c. How long have you owned this business?    5. Does the Proposed Policyowner earn U.S. income?   Yes   No    Total Proposed Policyowner own a home in the U.S.?    County   Yes   No    Y	3. Does the Proposed Policyowner own a home in the U.S.?	3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No  If YES, where?   City   State   County    4. Does the Proposed Policyowner own a business?   Yes   No  If YES:   Name of Business   Business Address   Type of Business    a. Where is the business incorporated?    b. Does the business have operations in the U.S.?   Yes   No  c. How long have you owned this business?    5. Does the Proposed Policyowner earn U.S. income?   Yes   No	3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No   If YES, where?   City   State   County    4. Does the Proposed Policyowner own a business?   Yes   No   If YES:   Name of Business   Business Address   Type of Business    a. Where is the business incorporated?   Yes   No    b. Does the business have operations in the U.S.?   Yes   No    c. How long have you owned this business?   Yes   No    5. Does the Proposed Policyowner earn U.S. income?   Yes   No	3. Does the Proposed Policyowner own a home in the U.S.?   Yes   No If YES, where?   City   State   County    4. Does the Proposed Policyowner own a business?   Yes   No If YES:   Name of Business   Business Address   Type of Business    5. Does the Proposed Policyowner earn U.S. income?   Yes   No    6. Does the Proposed Policyowner earn U.S. income?   Yes   No    7. Does the Proposed Policyowner earn U.S. income?   Yes   No    8. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No    9. Does the Proposed Policyowner earn U.S. income?   Yes   No
If YES, where?    City   State   County	If YES, where?  City State County  4. Does the Proposed Policyowner own a business?  Name of Business Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  Chew long have you owned this business?  5. Does the Proposed Policyowner earn U.S. income?  Note that County  State County  No  County  Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If YES, where?  City State County  4. Does the Proposed Policyowner own a business?  Name of Business Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  c. How long have you owned this business?  5. Does the Proposed Policyowner earn U.S. income?  Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If YES, where?  City State County  4. Does the Proposed Policyowner own a business?  Name of Business Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  CHOW long have you owned this business?  5. Does the Proposed Policyowner earn U.S. income?  Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If YES, where?  City State County  4. Does the Proposed Policyowner own a business?  Name of Business Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  Chow long have you owned this business?  Does the Proposed Policyowner earn U.S. income?  Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If YES, where?  City State County  4. Does the Proposed Policyowner own a business?  Name of Business Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  Chew long have you owned this business?  5. Does the Proposed Policyowner earn U.S. income?  Note that County  State County  No  County  Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City State County  Does the Proposed Policyowner own a business?  Name of Business Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  County  Yes No	A. Does the Proposed Policyowner own a business?	City State County  4. Does the Proposed Policyowner own a business? Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.?  c. How long have you owned this business?  5. Does the Proposed Policyowner earn U.S. income? Yes No	A. Does the Proposed Policyowner own a business?	City State County  4. Does the Proposed Policyowner own a business? Business Address Type of Business  a. Where is the business incorporated?  b. Does the business have operations in the U.S.? Proposed Policyowner earn U.S. income? Yes No	A. Does the Proposed Policyowner own a business?
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