

Assurity[®] Life Insurance Company

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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.

	PROPOSE	D INSURED INFORMATION:			
Lega	al Name		Oate of Birth		
Cou	ntry of Birth	Country(ies) of Citizenship)		
Soci	al Security Number	Individual Tax Identificatio	n Number		
1.	Do you have a visa?			Yes	☐ No
	If YES, please 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.	How many days do you spend in the U.S. per year?				
5.	Do you have plans to move outside of the U.S.?			Yes	☐ No
	If YES, where?Country				
6.	Do you own a home in the U.S.?				□ No
•	,				
	If YES, where?	State		County	
7.	Do you own a home in a foreign country?			Yes	☐ No
	If YES, where?				
_	City	Country		—	
8.	Do you have a U.S. bank account?				
9.	Do you have a basic understanding of the English language?				☐ No
10.	Do you plan to travel outside the U.S.?			Yes	☐ No
	If YES, where?				
	City a. What is the purpose of travel outside the U.S.? Business [Country			
	b. How often do you travel outside the U.S.?	i ieasure			
					-
	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.?			Yes	∐ No
	If NO, provide reason:				
	If YES:		- , , , , , ,		
	Name of Employer	E	Employer's Address		
		Occupation and Duties			
	a. How long have you been employed with this employer?				
	b. If less than one (1) year:				
	Previous Employer's Name		Previous Employer's Address		
		Occupation and Duties			
12.	Do you own a business?			Yes	☐ No
	If YES: Name of Business	Business Address		ype of Business	
	Number Districts	Duomooo Maarooo	,	160 01 Dagii 1000	

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?					
Do you earn U.S. income?			Yes		No
If YES: Total Annual Eamed/Uneamed Income					
		_		_	
Do you earn income outside the U.S.? If YES:			Yes	Ш	No
Total Annual Earned/Unearned Income					
Do you have established medical care with a doctor or clinic in the U.S.? If YES:)		Yes		No
Name of Doctor/Clinic	Address (No PO Box)	Phone Number			
a. Date of last visit					
Are you (Proposed Insured) completing this questionnaire?			Yes		No
a. If NO, who is completing this questionnaire?					
PROPOSED POLICYOWNER INFORMATION (Policy	owner is the Proposed Insured unless othe	erwise 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:					
b. Proposed Policyowner's Social Security Number or Tax Identificatio c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)	n Number				
d. Proposed Policyowner's Foreign Home Address (City, Country)					
Does the Proposed Policyowner own a home in the U.S.?			Yes		No
City	0(-)				
· · · · · · · · · · · · · · · · · · ·	State	County			
Does the Proposed Policyowner own a business? If YES:		•	Yes		No
•		•			No
If YES: Name of Business a. Where is the business incorporated?	Business Address	Type of Busines	S		
If YES: Name of Business a. Where is the business incorporated? b. Does the business have operations in the U.S.?	Business Address	Type of Busines	S		
If YES: Name 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?	Business Address	Type of Busines	Yes		No
If YES: Name of Business a. Where is the business incorporated?	Business Address	Type of Busines	Yes		No
If YES: Name 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? Does the Proposed Policyowner earn U.S. income?	Business Address	Type of Busines	Yes		No
If YES: Name 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? Does the Proposed Policyowner earn U.S. income?	Business Address	Type of Busines	Yes		No

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