

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

### FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

**If yes, use separate sheet to provide this information, including age of onset and date of death**

### PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Country of origin \_\_\_\_\_ Currently citizen of what country \_\_\_\_\_

2. Non U.S. citizens: do you have a U.S. green card? \_\_\_\_\_

U.S. Visa type (letter, number and expiration date) \_\_\_\_\_

3. Please complete the following regarding any travel or residence outside of the USA or Canada planned or expected within the next year.

#### Country to be Visited

( & City)

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

#### Dates of Stay

(Duration)

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

#### Purpose of Travel

(business, pleasure, family visit, etc.)

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

4. Will you travel outside of major cities?  Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

5. Accommodation:

Will you stay at a  Hotel  Private Home  Other (details) \_\_\_\_\_

6. Do you own a business outside of the U.S.?  Yes  No

If Yes, provide location and type of business:

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

7. Do you own a residence outside of the U.S.?  Yes  No

If yes, please provide location: \_\_\_\_\_

\_\_\_\_\_

8. Assets (broken down between U.S. and International)

\_\_\_\_\_

\_\_\_\_\_

The above information is for preliminary underwriting purposes only and will not be made part of any contract.