

Foreign Resident Inquiry

Proposed Life to be Insured

1. First Name: _____ Middle Name: _____ Last Name: _____

2. Sex: Male Female 3. Date of Birth: _____ 4. U.S. TIN or SSN: _____

5. Current Citizenship: _____ (If NOT a U.S. citizen, a copy of a visa and passport will be required.)

6. a) U.S. Address (Please provide time spent in the U.S.): _____

b) Primary Address: _____

7. a) Insured's Occupation/Duties _____

b) Employer: _____

c) Nature of Business: _____

d) Employer Address (Foreign): _____

e) Employer Address (U.S.): _____

8. List of any immediate family members of the insured residing in the U.S. by relationship, age and citizenship:

Name	Age	Relationship	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Face amount desired: _____

10. Source of premiums: _____

11. Purpose of insurance: _____

12. Type of insurance (Term/Permanent): _____

13. Total Net Worth: _____

14. Total Net Worth in the U.S.: _____

15. Balance of verifiable U.S.-based investments and bank accounts: _____



HIGHLAND
CAPITAL BROKERAGE

16. If the insured's spouse is also applying for coverage, does the spouse have verifiable assets in the U.S.?

Yes No

If so, please provide balance of verifiable U.S. based investments and bank accounts:

17. Medical Risk Information

Smoker? Yes No

Medical Doctor #1

Name of Personal Physician: _____

Date last seen: _____

Reason for visit: _____

Medications currently used: _____

Medical Doctor #2

Name of Personal Physician: _____

Date last seen: _____

Reason for visit: _____

Medications currently used: _____

Medical Doctor #3

Name of Personal Physician: _____

Date last seen: _____

Reason for visit: _____

Medications currently used: _____

18. Is the client a private or student pilot? Yes No

19. Does the client participate in any sports like Scuba Diving, Mountain Climbing, Car Racing, Mountaineering, etc?

Yes No (If yes, please describe below)
