

Name _____ Proposed Insured Additional/Joint Insured

Foreign Residence and Travel Supplement Forming Part of the Application for Insurance

1. Are you a citizen of the U.S.? Yes No
2. If "no", specify:
If the proposed insured is a foreign resident, you must submit a copy of a photo government issued ID evidencing nationality or residence (e.g., passport, Alien Registration (Green Card)).
 - a. Current citizenship (if dual citizenship, list all countries) _____.
 - b. Date of entry into the U.S. _____ mm/yyyy
 - c. Current resident status: Immigrant (Permanent) — legally residing in the U.S. on a permanent basis.
 Non-Immigrant (Temporary) — legally residing in the U.S. temporarily with the intent to return to his/her native country.
 - d. From Alien Registration Receipt Card (Green Card), Temporary Resident Card, or Employment Authorization Card, provide:
 - i. Issue Date _____
 - ii. Expiration Date _____
 - iii. Alien Number _____
 - e. If you are a Non-Immigrant resident, from your I-94 Arrival/Departure record, provide:
 - i. Visa symbol (e.g., A-1, C-2, L-1, etc.) _____
 - ii. I-94 expiration date _____
 If Visa status is other than listed, please provide details in 4. below.
3. Do you plan to travel or reside outside the U.S. in the next 2 years? Yes No
If "yes", provide details for every planned stay outside the U.S. in the next 2 years:

Country	City/Location	Residence/Travel Dates Departure from U.S./Return to U.S. mm/yyyy mm/yyyy	Purpose of Residence/Trip

4. Please add any additional information regarding past or future travel/residency that you believe was not adequately covered above:

I represent that the statements and answers in this Supplement are true and complete.

Date _____

Signature of Proposed Insured/Additional/Joint insured _____

Signature of Licensed Financial Professional/Insurance Broker _____