

Supplement to application for life insurance on the life of _____

Citizenship

- | | Yes | No |
|--|-----|----|
| 1. Of what country are you a citizen? _____
If not a citizen of the U.S., please attach a copy of your Visa or Green Card. | | |
| 2. What languages do you speak? _____ | | |

Residence

- | | | |
|---|--------------------------|--------------------------|
| 3. What is your permanent address? _____
Do you own that residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you own a residence in another country, if so, where? _____ | | |
| 5. If you live in the U.S.:
How long have you lived here? _____
Does your immediate family live with you or will they join you here within the next six months? | <input type="checkbox"/> | <input type="checkbox"/> |

Business/Occupation

- | | | |
|--|--------------------------|--------------------------|
| 6. Do you ever work outside the U.S.?
If yes: where and how often? _____
describe duties: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you own a business?
If yes: What type of business and where is it located? _____
How long have you owned it? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a member of the Armed Services stationed or with orders for duty outside the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> |

Financial

9. Describe assets held in the US.: _____

10. Describe assets held outside the U.S.: _____

Travel

- | | | |
|---|--------------------------|--------------------------|
| 11. Describe trips outside the U.S. or Canada, including destination, purpose, duration and mode of travel:
in the past two years: _____
in the next two years: _____ | | |
| 12. Do you stay in a private residence or hotel? If no, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you involved in missionary work? If yes, details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are medical facilities available? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured: _____ Witness: _____

Date: _____