

AMERUS
Life Insurance
Group

AmerUs Life Insurance Company
 800/800-9882
 P.O. Box 1555 • Des Moines, Iowa 50306-1555
 Indianapolis Life Insurance Company
 800/428-7031
 P.O. Box 14590 • Des Moines, IA 50306-3590

*Foreign Travel and
 Residence Questionnaire*

Please check appropriate company. ONE BOX MUST BE CHECKED.

Policy _____

Proposed Insured _____ Date of Birth _____

1. Country of origin _____ Currently citizen of what country? _____

2. Date of entry into the United States _____

3. Non U.S. citizens: do you have a U.S. Green Card? _____

4. Visa type, symbol, number and expiration date _____

5. Do you have plans to become a U.S. Citizen Yes No

6. List immediate family members by relationship, age and citizenship:

Within the USA _____

Outside the USA _____

7. Please complete the following regarding any travel or residence outside of the USA or Canada within the last two years.

City and Country	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visit, etc.)
_____	_____	_____
_____	_____	_____

8. Please list travel or residence outside of USA and Canada planned or expected in the next 12 months.

City and Country	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visit, etc.)
_____	_____	_____
_____	_____	_____

9. List your assets/property both within and outside the USA _____

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

 Date Signature of Insured

Agent's Name (please print) _____

Agent's Signature _____ Agent's Telephone No. _____



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