Foreign Travel and Residence Questionnaire

Policy # (if known): _____

☐ **American General Life Insurance Company,** 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York,** 28 Liberty Street, 45th Floor, New York, New York 10005-1400

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Proposed Insured

First Name	MI	Last Name	Date of Birth	Social Security #

1. List each country/city to which you will be traveling within the next **two years,** the length of stay in each location and how many times per year you will visit each place.

Country/City	Date and Duration of Trip	Times per year	Purpose of Trip

2. If your travel is business related, please describe your duties. _____

3. Do you expect to visit non-urban areas? ..... ☐ yes ☐ no
   (If yes, provide details) _____

4. Do you own a home/property or have business or investment interests **outside** the U.S.? ..... ☐ yes ☐ no
   If yes, provide property address, name/address of business _____

5. Are you a US Citizen or Permanent Resident? ..... ☐ yes ☐ no
   If no, answer questions 5a-5e
   5a) Country of citizenship: _____ Date of entry in U.S. _____
   5b) Do you have a Visa? ..... ☐ yes ☐ no
   Type _____ Expiration Date _____ **Submit copy of passport & visa**
   5c) Residency plans after expiration of Visa _____
   5d) Do you have an Employment Authorization Card? **If Yes, submit copy of EAC.** ..... ☐ yes ☐ no
   5e) Do you own a home/property or have business or investment interests **in** the U.S.? ..... ☐ yes ☐ no
   If yes, provide property address, name/address of business _____

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract.

Proposed Insured Signature

X

(If under age 16, signature of parent or guardian)

Signed at (city, state) _____

Signed on (date) _____