



Appletree Financial Network
FOREIGN NATIONALS/FOREIGN TRAVEL QUESTIONNAIRE

Proposed Insured's Name: DOB: Sex: [] M [] F
Tobacco Use: [] Yes [] No Amount: Height: Ft. In. Weight:
Broker's Name: Face Amount:
BGA: Phone: Fax:

Proposed Insured please answer the following:

CITIZENSHIP - SECTION A

- 1. Are you a citizen of the United States? [] Yes [] No
2. If you are not a citizen of the United States, what country are you a citizen of?
3. Do you have a green card?
4. Do you own a home in the United States?
5. Do you own a home in a foreign country?
6. If married, does your family live with you?
7. Business relationship with the United States:

FOREIGN TRAVEL - SECTION B

- 1. Do you plan to travel outside of the United States within the next year?
2. What is the purpose of your travel outside of the United States:
3. Where do you travel in the foreign country?
4. List all trips taken outside of the United States in the past two (2) years:
5. List occupational duties performed outside of the United States (including missionary duties):

Underwriter's Notes:

Date: Proposed Insured's Signature: