



FOREIGN NATIONAL QUESTIONNAIRE

Name: _____ Date of Birth: _____ Gender: M/F

1. Permanent residence country: _____.
Is the client a citizen of this country? Yes/No
If no, please provide the country of citizenship: _____
2. Provide each country outside of the US that is traveled to:

The frequency, length of travel and purpose of travel:

3. Does the client read, write and speak English? Yes/No
Primary language if other than English _____
4. Occupation: _____
5. Gross income in US currency: \$ _____, Net worth: \$ _____
6. Please list client's US assets with estimated value of each asset, i.e.: real estate, business interest, bank accounts and investment accounts, etc.:

7. The frequency that the client travels to the United States and the purpose of travel to the US:

8. Visa Type: _____, Expiration Date: _____
9. Does the client have a valid SSN, Tax ID or W8? _____
10. Does the client have a US mailing address? _____
11. Does the client have family in the US? Yes/No
Relationship to client: _____
12. Does the client have in force life insurance? Yes/No,
If yes, face amount and name of carrier: _____



FOREIGN NATIONAL QUESTIONNAIRE (CONTINUED)

13. Total face amount of coverage client is seeking: \$ _____
14. Is client seeking to purchase a term or a permanent product? _____
15. Personal or business coverage: _____,
 If business what is the concept? i.e. buy/sell, key person, etc.: _____,
 Are business partners applying for similar coverage? Yes/No.
16. List the proposed owner and beneficiary of the policy: _____,
 If the owner/beneficiary is a trust, please provide details of the trust agreement, i.e. has the trust already been established, the country origin of the trust, etc.:

17. Total amount of coverage client is looking for 3 Mark Financial, Inc. to provide:
 \$ _____,
 Carriers (if any) they have already secured coverage from:

18. Is client willing to have all requirements completed in the United States for the application?
Yes/No.
19. Is there any significant health history we should be aware of? Yes/No.
 If yes, please provide details:

20. Have medical records been received and translated? Yes/No.