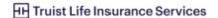
## Underwriting Questionnaire



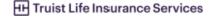
## **Foreign National**

This questionnaire is for foreign nationals only. If the client is a U.S. citizen or green card holder, please use the foreign travel questionnaire.

| lucer Name   | Phone                           | Date                          | _               |  |  |
|--|---------------------------------|-------------------------------|-----------------|--|--|
| nt Name  | Date of Birth                   |                               |                 |  |  |
| lale  Female Face Amount   | Max Premiu                      | m \$ /yr.                     |                 |  |  |
| erm Permanent Has the client ever used   | any form of tobacco (cigarettes | , cigars, pipe, snuff, etc.)? | ? □Yes □No      |  |  |
| uency Dat  | e of last use                   | Type                          |                 |  |  |
| CLIENT INFORMATION   |                                 |                               |                 |  |  |
| Occupation   |                                 |                               |                 |  |  |
| Income   |                                 |                               |                 |  |  |
| Citizenship  |                                 |                               |                 |  |  |
| Does the client have a U.S. Visa   | ☐Yes ☐ No If Yes, Type          |                               | Expiration date |  |  |
| Does the client have a Tax ID  | □Yes □ No                       |                               |                 |  |  |
| Does the client have a Social Security number  | □Yes □ No                       |                               |                 |  |  |
| Current residence  |                                 |                               |                 |  |  |
| Primary residence  |                                 |                               |                 |  |  |
| Location(s) of owned homes   |                                 |                               |                 |  |  |
| If the client currently resides in the U.S., how long do they intend to remain in the U.S. |                                 |                               |                 |  |  |
| Company  |                                 |                               |                 |  |  |
| Where is the company domiciled   |                                 |                               |                 |  |  |
| Location of work and duties  |                                 |                               |                 |  |  |
| Location of primary care physician   |                                 |                               |                 |  |  |
|  |                                 |                               |                 |  |  |

For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non registered products only. Crump operates under the license of Crump Life Insurance Services Inc., AR license #100103477. Products and programs offered through Crump are not approved for use in all states. Updated November 23, 2021

## Underwriting Questionnaire Foreign National



This questionnaire is for foreign nationals only. If the client is a U.S. citizen or green card holder, please use the foreign travel questionnaire.

| Assets/Liabilities                | Total Worldly          |             | DUNTRY In the US Only  |                       | Outside the US (list sounts)  |             |  |
|-----------------------------------|------------------------|-------------|------------------------|-----------------------|-------------------------------|-------------|--|
| -                                 | Total Worldly          |             | In the US Only         |                       | Outside the US (list country) |             |  |
| Assets                            |                        |             |                        |                       |                               |             |  |
| Liabilities                       |                        |             |                        |                       |                               |             |  |
| Net Worth                         |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
| RAVEL: PRIOR 12 MO                | NTHS (list all travel) |             |                        |                       |                               |             |  |
| City/Country                      |                        | Reason      |                        | Number of Trips/Dates |                               | Total Day   |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             | ·                      |                       |                               |             |  |
| RAVEL: NEXT 12 MON                | NTHS (list all travel) |             |                        |                       |                               |             |  |
|                                   |                        | Reason      |                        | Number of Trips/Dates |                               | Total Day   |  |
|                                   |                        |             |                        | ·                     |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
| SURANCE: APPLIED                  | FOR COVERAGE           |             |                        |                       |                               |             |  |
| i                                 |                        |             | Life Insurance Company |                       | Insurance Need/Reason         |             |  |
| Type/Face Amount Owner and Benefi |                        | liciary     | Life insurance Company |                       | insulance Need/Reason         |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
| SURANCE: IN-FORC                  | E COVERAGE             |             |                        |                       |                               |             |  |
| Type/Face                         | Date Policy            | Owner and   |                        | Life Insurance        |                               | Insurance   |  |
| Amount                            | was Issued             | Beneficiary |                        | Company               |                               | Need/Reason |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   |                        |             |                        |                       |                               |             |  |
|                                   | I □ Porconal □ Pu      | ısiness     |                        |                       |                               |             |  |
| e of insurance desired            | i 🗆 reisoliai 🗀 bu     | 13111033    |                        |                       |                               |             |  |

For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non registered products only. Crump operates under the license of Crump Life Insurance Services Inc., AR license #100103477. Products and programs offered through Crump are not approved for use in all states. Updated November 23, 2021