Underwriting Questionnaire Foreign Travel Use this questionnaire only if the client is a U.S. citizen or a Green Card holder. Others should use the Foreign National questionnaire.						Under Hilling
Producer Name		Phone	Date		_	.95
Client Name		Date of Birth		_		
🗌 Male 🔲 Female	Face Amount		Max Premium \$	/yr.		
□ Term □ Permanent	Has the client ever u	sed any form of toba	cco (cigarettes, cigars, pip	oe, snuff, etc.)?	□Yes	□No
Frequency		Date of last use		_ Туре		

CLIENT					
Occupation		Company			
Income		Location of work and duties			
Citizenship					
Green Card	□Yes □No □N/A				
Current residence					
Primary residence					
Location of primary care phy	ysician				

TRAVEL: PRIOR 12 MONTHS (list all travel)						
City/Country	Reason	Number of Trips/Dates	Total Days			

TRAVEL: NEXT 12 MONTHS (list all travel)						
City/Country	Reason	Number of Trips/Dates	Total Days			



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