Producer Checklist – Non-U.S. Resident Foreign Nationals

Mail or fax completed form to:

Accordia Life and Annuity Company

Accordia Life and Annuity Company

215 10th Street, Suite 1100, DesMoines, IA 50309

P.O. Box 305030, Nashville, TN 37230-5030, Fax: (800) 262-6976 Contact us: Customer Contact Center – Tel: (877) 462-8992

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	f the insured and applicant-policy owner meet the following basic parameters, along with a sufficient connection to the	
United State	arameters	
	Age 18 to 75	
	Earns at least \$100,000 annually and has a net worth of \$2,000,000 or more (both U.S. dollars) Note: Individual consideration can be given to income and net worth	
	Occupation is technical, professional or executive, and is <u>not</u> an excluded occupation under Accordia Life's guidelines (examples of excluded occupations include: political figure, government official, military, police, missionary, journalist, aid workers, arms dealer, trade union official)	
	Seeking policy with face amount of \$500,000 or higher	
	Understands English	
	Resident of country acceptable to Accordia Life	
	tion to the U.S.	
	U.S. mailing address (Accordia Life will send billing and other policy correspondence to a U.S. address only.	
_	The U.S. address cannot be the address of the producer or a Post Office Box.)	
	U.S. bank account (Accordia Life requires premiums paid from a U.S. bank account)	
	Physically present in the U.S. for at least 15 days in the preceding 12 months and meets one or more of the following: Existing substantial business or vocational connection with the U.S. (e.g. total or partial business ownership or	
	employment in the U.S.)	
	Close familial relationship with a current legal resident of the U.S.	
	Ownership of real property, residence or other significant U.S. property	
	□ Valid student visa	
	☐ U.S. bank or brokerage account for prior 6 months with minimum balance of \$100,000	
SUBMISSION	N OF APPLICATION	
With the app	plication (completed in the U.S. and in a state where Accordia Life is admitted, the agent is licensed and the product is	
approved), p	please confirm that the following are included:	
	Completed Foreign Travel and Residence Questionnaire	
	Completed Foreign National Customer/Producer Certification	
	Photo ID (e.g. passport, license, visa)	
	Cover letter with the following information:	
	☐ Purpose for the insurance and justification for proposed face amount	
	☐ Why policy is being purchased from a U.S. insurer	
	☐ Details of residences and travel outside country of residence	
	☐ Source of initial insurance premium and plan for ongoing premiums	
	☐ Amount of time insured and applicant-policy owner spent in the U.S. in the last 12 months	
	☐ Any relevant background information regarding the proposed insured and applicant-policy owner	
	Completed W-8BEN form (if the owner does not have a SSN or TIN)	
	If applicable, include copies of relevant legal documents (e.g. student visa)	
Underwritin	g Requirements	
The following are required for foreign nationals (in addition to any standard requirements) during the underwriting process:		
	Applicable medical requirements (e.g. examination, labs, ekg) performed in the U.S.	
	MVR (if proposed insured has a U.S. driver's license)	
	Requirements from foreign country (e.g. medical records) translated into English at applicant's expense	
J	(reimbursement for translation up to a maximum amount may be available)	

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