



**Foreign Travel and
Residence Questionnaire**
Policy # (if known): _____

- ☐ **American General Life Insurance Company**, 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York**, One World Financial Center, 200 Liberty St., New York, NY 10281
A member of American International Group, Inc. (AIG)

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Proposed Insured

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

1. List each country/city to which you will be traveling within the next **two years**, the length of stay in each location and how many times per year you will visit each place.

Country/City	Date and Duration of Trip	Times per year	Purpose of Trip

2. If your travel is business related, please describe your duties. _____

3. Do you expect to visit non-urban areas? ☐ yes ☐ no
(If yes, provide details) _____

4. Do you own a home/property or have business or investment interests **outside** the U.S.? ☐ yes ☐ no
If yes, provide property address, name/address of business _____

5. Are you a US Citizen or Permanent Resident?..... ☐ yes ☐ no
If no, answer questions 5a-5e

5a) Country of citizenship: _____ Date of entry in U.S. _____

5b) Do you have a Visa? ☐ yes ☐ no

Type _____ Expiration Date _____ **Submit copy of passport & visa**

5c) Residency plans after expiration of Visa _____

5d) Do you have an Employment Authorization Card? **If Yes, submit copy of EAC.**..... ☐ yes ☐ no

5e) Do you own a home/property or have business or investment interests **in** the U.S.? ☐ yes ☐ no

If yes, provide property address, name/address of business _____

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract.

Proposed Insured Signature

X

(If under age 16, signature of parent or guardian)

Signed at (city, state) _____

Signed on (date) _____

