



## American

Life Insurance Company

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### NON-USA CITIZEN QUESTIONNAIRE

*For WFG Use Only*

Proposed Insureds Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

ITIN Number: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Please provide details and documentation for the below questions and requests:

1. Has the Proposed Insured lived consistently in the USA for the past 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Does the Proposed Insured plan to move back to their native country? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Please provide current employment status:  
Employed \_\_\_\_\_ Retired \_\_\_\_\_  
Provide employer name: \_\_\_\_\_  
Provide date of hire: \_\_\_\_\_
4. Proposed Insured must have residence or business property in the USA:  
Business \_\_\_\_\_ Residence \_\_\_\_\_  
Provide address: \_\_\_\_\_  
\_\_\_\_\_
5. Proposed Insured must have established medical care with a doctor or clinic in the USA:  
Provide Name: \_\_\_\_\_  
Provide Address/Phone #: \_\_\_\_\_  
Provide date of last visit: \_\_\_\_\_
6. Complete Form 4506T, sign and send to underwriting. (Available for download from IRS website).

**I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_