

# PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

P.O. Box 830619  
Birmingham, AL 35283-0619

**IMPORTANT!** Complete this entire form if you are a Canadian Citizen, or a Non-U.S. Citizen legally residing in the U.S. with a permanent or temporary Visa. If you need additional space for details, please use the Continuation of Information Form.

## SECTION I

## FOREIGN NATIONAL QUESTIONNAIRE

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ U.S. (or Canadian) SSN or TIN: \_\_\_\_\_

English Language Comprehension:  Speak  Read  Write Email Address: \_\_\_\_\_

Country of Current Citizenship: \_\_\_\_\_ If Dual Citizen, Which Country(ies)? \_\_\_\_\_

## SECTION II

1. Please provide the financial background listed below:

<u>Verifiable Net Worth</u>	<u>Assets (Verifiable)</u>	<u>Liabilities</u>	<u>Net Worth</u>
U.S. Total	\$ _____	\$ _____	\$ _____
Foreign (Non-U.S.) Total	\$ _____	\$ _____	\$ _____
Worldwide Total	\$ _____	\$ _____	\$ _____

### U.S. Bank or Brokerage Account Information:

Name: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

Address: \_\_\_\_\_

2. Other than as described above, do you own personal or business assets or property in the U.S.? If so, please list and describe:

\_\_\_\_\_

3. Is there an agreement in place, either verbally or in writing, for anyone other than the owner at the time of application to obtain any right, title, ownership, or interest in any policy issued on the life of the Proposed Insured as a result of this application?  Yes  No

If Yes, provide details: \_\_\_\_\_

**SECTION III**

1. Have you maintained continuous U.S. residency for at least the past 12 months?  Yes  No  
If Yes, provide length of residency: \_\_\_\_Year(s) \_\_\_\_Month(s)
2. Do you plan to reside or travel outside the U.S. or Canada in the next 12 months?  Yes  No  
If Yes, provide details of future foreign travel/residence. Please state date(s) of visit(s), cities, countries, regions, reason for visit(s), frequency and duration of visit(s):  
Date(s) of visit(s): \_\_\_\_\_  
Cities & Countries: \_\_\_\_\_  
Regions: \_\_\_\_\_  
Reason for visit(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Duration of visit(s): \_\_\_\_\_
3. For what purpose is the foreign travel or residence? (Please give a brief description of your duties while traveling or residing abroad.)  
\_\_\_\_\_

**SECTION IV**

1. Foreign Residence: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City* *State* *Postal Code*
2. Employer Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Occupation/Duties: \_\_\_\_\_
3. U.S. Employer: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City* *State* *Zip Code*
4. Foreign Employer: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City* *State* *Postal Code*  
\_\_\_\_\_  
*Foreign Country* *Province* *Region*
5. Visa Type & Symbol: \_\_\_\_\_  
Visa Number: \_\_\_\_\_  
Visa Issue Date: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_
6. Passport Number: \_\_\_\_\_ Country Issuing Passport: \_\_\_\_\_  
Passport Issue Date: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

**SECTION V**

**ACKNOWLEDGEMENTS:**

I acknowledge that I have carefully reviewed this form in its entirety, and that I understand and agree to the following:

- All information is complete, true and correctly recorded.
- All solicitation, underwriting requirements, applications and exams related to the purchase of life insurance products, as well as the completion and signing of the life insurance application must be completed in the United States.
- The delivery and placement of the insurance policy, including delivery by mail, must take place within the state of New York.
- All premiums shall be paid in U.S. dollars from an existing U.S. bank account.
- Required medical records must be provided in English.
- A copy of the Green Card (if applicable), Visa and Passport must accompany the application for insurance.
- A complete copy of the Trust (if applicable) must be included with the application for insurance.
- No agreement is in place, either verbally or in writing, for anyone other than the owner at the time of application to obtain any right, title, ownership, or interest in any policy issued on the life of the Proposed Insured as a result of this application.
- The Proposed Insured must be legally residing in the United States for a continuous period of 1 year.
- The Proposed Insured must be a citizen of a country (or Canadian Province) approved by the Company.

I have read or have had read to me the completed Supplemental Underwriting Application before signing below. The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be attached to and made part of the application and shall be considered the basis of any insurance issued.

Signed at: \_\_\_\_\_ (City & State)      Date: \_\_\_\_\_

\_\_\_\_\_  
Proposed Insured Name (Print)      Signature of Proposed Insured

\_\_\_\_\_  
Owner Name (Print)      Signature of Owner (if other than the Proposed Insured)

\_\_\_\_\_  
Name of Agent/Producer (Print)      Signature of Agent/Producer

\_\_\_\_\_  
Address of Agent/Producer      Agent/Producer Number