

Please provide complete details and indicate NOT APPLICABLE to items/sections as deemed appropriate.

Claimant: _____

Policy Number: _____

Questions	Yes	No
1. Are you a US Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a permanent resident of the U.S. / green card holder?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you born in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a residence address in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a phone number in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have an "in-care-of" address or "hold mail" U.S. address?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you stay in the US for at least 31 days this year and a total of 183 days for the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the answers to questions stated above is YES, kindly specify required applicable information below and indicate N/A if not applicable:

U.S. Address of Claimant		
_____	_____	_____
No.	Street	Subdivision/District/Town/City
U.S. Telephone Number of Claimant		
U.S. TIN or U.S. SS Number of Claimant		
U.S. P.O. Box of Claimant		

Certified true and correct

Signature over printed name by Claimant

Date (mm-dd-yyyy)

For Company's Use Only	
_____	_____
Customer Information File Number	Signature over printed name of Financial Advisor
Note/s (if any): _____	

