

American General

Life Companies

Foreign Travel and Residence Questionnaire Maine Version

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance 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.

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 (Green Card Holder)? yes no

If no, answer questions 5a-5d

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 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: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at (city, state) _____

Proposed Insured Signature **X** _____ Date _____

(If under age 15, signature of parent or guardian)