

Foreign National Questionnaire

1. Insured information

a. Proposed insured

Proposed Insured is:

☐ U.S. Citizen Living Abroad ☐ High Net Worth Foreign National

Legal First Name Legal Middle Name Legal Last Name

Primary Foreign Residential Address (No PO Box) City/Province/State Country

Email Preferred Phone Number

Social Security Number (if applicable) Expiration Date Government ID Number (if applicable) Expiration Date

Government ID Country of Issue Date of Birth Country of Birth

Preferred Name (A.K.A)

Are you or have you been in the last 12 months (select all that apply):

a. Entrusted with a high-ranking prominent political function?* ☐ No ☐ Yes

b. A relative or a close associate of an individual entrusted with a high-ranking prominent political function? ☐ No ☐ Yes

*e.g., head of state, senior politician, senior government official, judicial or military official, senior executive of a state-owned corporation or important political party official.

How much time does the proposed insured spend within the U.S.? _____ days per year

Where does the proposed insured reside while in the U.S.?

Type (residence, hotel, family, etc.)

Address City State Zip Code

Type (residence, hotel, family, etc.)

Address City State Zip Code

1. Insured information *(continued)*

a. Proposed insured *(continued)*

Please list any other locations outside the U.S. or Primary Foreign Residential Address where the proposed insured spends 180 or more days a year.

Type (residence, hotel, family, etc.) Address

City State/Country Zip Code

In which country(ies) are you considered a legal citizen/national?

b. Proposed insured occupation (select one)

- ☐ Employee (full-time) ☐ Employee (part-time) ☐ Unemployed ☐ Child ☐ Student (legal adult)
☐ Government official ☐ Homemaker ☐ Retired (provide previous occupation)
☐ Freelance/self-employed - *please also complete section c*
☐ Key corporate person (ultimate beneficial owner, proprietor, controlling individual, officer) - *please also complete section c*
☐ Unknown - *please also complete section c*

Name of Current Employer (if applicable) Length of Employment (if applicable)

Employer Address

Title/Position (if applicable) U.S. based employment? ☐ No ☐ Yes

Total annual earned/unearned income \$ _____

Only applicable if the individual completing the form is responsible for funding the contract or submitting funds for the contract. (Salary, Social Security, pension/retirement benefits, investment, rental income or other)

c. Freelance/self-employed, key corporate person and unknowns

Industry type, please provide the 6-digit North American Industry Classification System Code (NAICS) code: * _____

Do you operate or work in the following industries? Oil, gas, weapons, precious metals, minerals or precious stones, tobacco, cannabis, marijuana products, cultural goods or other articles of archaeological, historical, cultural or religious importance or of exceptional scientific value, including ivory and protected species. ☐ No ☐ Yes

*NAICS codes can be located at: <https://www.census.gov/naics/> (Use the most current NAICS code available.)

Using the link you can search or click into high level categories until you find the 6-digit code that best represents your industry.

1. Insured information *(continued)*

d. Spouse's/domestic partner's/civil union partner's information

Legal First Name Legal Middle Name Legal Last Name

Primary Address (No PO Box) City/Province/State Country

Email Preferred Phone Number

Social Security Number (if applicable) Expiration Date Government ID Number (if applicable) Expiration Date

Government ID Country of Issue Date of Birth Country of Birth

Preferred Name (A.K.A)

Are you or have you been in the last 12 months (select all that apply):

a. Entrusted with a high-ranking prominent political function?* ☐ No ☐ Yes

b. A relative or a close associate of an individual entrusted with a high-ranking prominent political function? ☐ No ☐ Yes

*e.g., head of state, senior politician, senior government official, judicial or military official, senior executive of a state-owned corporation or important political party official.

In which country(ies) are you considered a legal citizen/national?

e. Spouse's/domestic partner's/civil union partner's occupation (select one)

☐ Employee (full-time) ☐ Employee (part-time) ☐ Unemployed ☐ Child ☐ Student (legal adult)

☐ Government official ☐ Homemaker ☐ Retired (provide previous occupation)

☐ Freelance/self-employed - *please also complete section f*

☐ Key corporate person (ultimate beneficial owner, proprietor, controlling individual, officer) - *please also complete section f*

☐ Unknown - *please also complete section f*

Name of Current Employer (if applicable) Length of Employment (if applicable)

Employer Address

Title/Position (if applicable) U.S. based employment? ☐ No ☐ Yes

Total annual earned/unearned income \$

Only applicable if the individual completing the form is responsible for funding the contract or submitting funds for the contract. (Salary, Social Security, pension/retirement benefits, investment, rental income or other)

1. Insured information *(continued)*

f. Freelance/self-employed, key corporate person and unknowns

Industry type, please provide the 6-digit North American Industry Classification System Code (NAICS) code: * _____

Do you operate or work in the following industries? Oil, gas, weapons, precious metals, minerals or precious stones, tobacco, cannabis, marijuana products, cultural goods or other articles of archaeological, historical, cultural or religious importance or of exceptional scientific value, including ivory and protected species. ☐ No ☐ Yes

*NAICS codes can be located at: <https://www.census.gov/naics/> (Use the most current NAICS code available.)

Using the link you can search or click into high level categories until you find the 6-digit code that best represents your industry.

2. Owner information (if owner and insured are different)

a. Proposed owner

Proposed Owner is (check all that apply):

- ☐ Insured's spouse/domestic partner/civil union partner ☐ A U.S. Citizen *(complete section b and c)*
☐ A U.S. Trust or Corporation *(complete section e)*

Relationship to Insured _____

b. If proposed owner is a U.S. Citizen

Legal First Name _____ Legal Middle Name _____ Legal Last Name _____

U.S. Mailing Address (No PO Box) _____ City _____ State _____ Zip Code _____

Email _____ Preferred Phone Number _____

Social Security Number (if applicable) _____ Expiration Date _____ Government ID Number (if applicable) _____ Expiration Date _____

Government ID Country of Issue _____ Date of Birth _____ Country of Birth _____

Preferred Name (A.K.A) _____

Are you or have you been in the last 12 months (select all that apply):

- a. Entrusted with a high-ranking prominent political function?* ☐ No ☐ Yes
b. A relative or a close associate of an individual entrusted with a high-ranking prominent political function? ☐ No ☐ Yes

*e.g., head of state, senior politician, senior government official, judicial or military official, senior executive of a state-owned corporation or important political party official.

2. Owner information *(continued)*

c. Proposed owner occupation (select one)

- ☐ Employee (full-time) ☐ Employee (part-time) ☐ Unemployed ☐ Child ☐ Student (legal adult)
☐ Government official ☐ Homemaker ☐ Retired (provide previous occupation)
☐ Freelance/self-employed - *please also complete section d*
☐ Key corporate person (ultimate beneficial owner, proprietor, controlling individual, officer) - *please also complete section d*
☐ Unknown - *please also complete section d*

Name of Current Employer (if applicable)

Length of Employment (if applicable)

Employer Address

Title/Position (if applicable)

U.S. based employment? ☐ No ☐ Yes

Total annual earned/unearned income \$

Only applicable if the individual completing the form is responsible for funding the contract or submitting funds for the contract. (Salary, Social Security, pension/retirement benefits, investment, rental income or other)

d. Freelance/self-employed, key corporate person and unknowns

Industry type, please provide the 6-digit North American Industry Classification System Code (NAICS) code: * _____

Do you operate or work in the following industries? Oil, gas, weapons, precious metals, minerals or precious stones, tobacco, cannabis, marijuana products, cultural goods or other articles of archaeological, historical, cultural or religious importance or of exceptional scientific value, including ivory and protected species. ☐ No ☐ Yes

*NAICS codes can be located at: <https://www.census.gov/naics/> (Use the most current NAICS code available.)

Using the link you can search or click into high level categories until you find the 6-digit code that best represents your industry.

e. If proposed owner is a U.S. Corporation* or U.S. Trust**

Corporation/Trust Name

Tax I.D.

Corporation/Trust Address (No PO Box)

City

State

Zip Code

Legal form of U.S. Corporation (i.e. LLC, S-Corp, etc.)

*The Entity Customer Information Form will be required if the proposed owner is a U.S. corporation.

**A Trust Certificate and the Entity Customer Information Form will be requested if the proposed owner is a U.S. Trust.

(continued on next page)

3. Payer information

Who will be paying the premiums on the policy?

☐ Insured

☐ Insured's spouse

☐ A U.S. Trust or Corporation

☐ Owner

☐ Third party

Passport Number/TIN

U.S. Bank/Branch Name

City

State

Please explain the source of the funds within this account. We do not accept the location of the funds (for example, "wire from another bank account") as clarification.

4. Mailing information

Who will be receiving the policy documents and ongoing policy communications?

☐ Insured

☐ Insured's spouse

☐ Insured's Family Member

☐ A U.S. Trust or Corporation

☐ Attorney-in-Fact

☐ Owner

First Name

Middle Name

Last Name

U.S. Mailing Address (No PO Box)

City

State

Zip Code

(continued on next page)

5. Financial information (in U.S. dollars)

Worldwide Assets				
	Insured	Spouse	Owner	Payor (if different than previous)
Cash in bank	\$	\$	\$	\$
Primary Real Estate ¹	\$	\$	\$	\$
Other Real Estate Holdings ¹	\$	\$	\$	\$
Stocks, Bonds, Securities	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$
Business Equity ²	\$	\$	\$	\$
Life Insurance Cash Value	\$	\$	\$	\$
401, IRA or SEP	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Other Assets – Provide details	\$	\$	\$	\$
Total Household Assets \$				

Worldwide Liabilities				
	Insured	Spouse	Owner	Payor (if different than previous)
Unpaid Interest & Taxes	\$	\$	\$	\$
Mortgages	\$	\$	\$	\$
Credit Card Debt	\$	\$	\$	\$
Secured Loans	\$	\$	\$	\$
Personal Notes	\$	\$	\$	\$
Other Long Term Debt	\$	\$	\$	\$
Other Liabilities (provide details)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
- Total Household Liabilities \$				

= Net Household Worth \$

(continued on next page)

5. Financial information *(continued)*

Earned Income*				
	Insured	Spouse	Owner	Payor (if different than previous)
Salary (if self employed, provide gross and net)	\$	\$	\$	\$
Bonus	\$	\$	\$	\$
Commission	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Earned Income \$				

Unearned Income				
	Insured	Spouse	Owner	Payor (if different than previous)
Pension/Social Security	\$	\$	\$	\$
Disability Payments	\$	\$	\$	\$
Dividends/Interest	\$	\$	\$	\$
Rentals/Royalties	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Unearned Income \$				

*Source of income (tax return, letter from employer, etc.) may be requested.

(continued on next page)

5. Financial information *(continued)***¹ Real estate holdings *** (if additional space is needed, list on a separate sheet which is signed and dated)

Property address	Owner	Purchase Price	Date Purchased	Current Market Value
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
TOTALS		\$		\$

How was the value determined	Ownership	Outstanding Mortgage Amount	Use of real estate (residence, rental property, etc.)
1a.	%	\$	
2a.	%	\$	
3a.	%	\$	
4a.	%	\$	
TOTALS	%	\$	

*If foreign property, proof of value may be requested.

(continued on next page)

5. Financial information *(continued)***²Business equity*** (if additional space is needed, list on a separate sheet which is signed and dated)

Legal name and address of business(es)	Company/Foreign Tax ID	Type of business	Year Acquired/ Incorporated
1.			
2.			
3.			

Owner	Percentage Owned	Fair Market Value	How Was Value Determined
1a.	%	\$	
2a.	%	\$	
3a.	%	\$	

Do you expect any significant changes in income or net worth for the next year for both the insured, spouse or payor?

☐ No ☐ Yes, please explain _____

Please check purpose for death benefit need:

☐ Income replacement ☐ Retirement income ☐ Estate preservation ☐ Final expenses☐ Charitable giving – Provide annual donation amount \$ _____☐ Mortgage protection – Provide mortgage amount \$ _____☐ Debt repayment/loan protection – Loan amount \$ _____ (provide a copy of the loan)☐ Other: _____

How was the face amount determined? _____

*Proof of value may be requested.

(continued on next page)

6. U.S. Nexus

For the purpose of establishing a substantial connection to the U.S. and to demonstrate a financial need for U.S. based life insurance, **please check all that apply:**

	Proposed Insured	Proposed Owner
Own real property in the U.S. or have other significant U.S. property ownership interests;		
Maintain a permanent U.S. residence;		
Maintain an investment interest in the U.S., which may include U.S. investment account ownership;		
Employee of a U.S. based company;		
Primary employment in the U.S.;		
Own a business in the U.S.;		
Own an established foreign company actively engaged in business for the past 12 months and transacting business in the U.S.;		
Have significant and systematic ongoing business activities in the U.S. such as regular physical visits or a presence in the U.S. for purposes of conducting business;		
Have U.S. income, business, or estate tax liability and/or estate, tax, or financial planning needs in the U.S.;		
Married (as defined by U.S. Tax Code) to a U.S. Citizen, a Lawful Permanent Foreign National or (subject to individual review by Allianz Life Underwriting and Legal), a Conditionally Approved Lawful Permanent Foreign National; or		
Have a U.S. financial account with a \$500,000 minimum balance (for the past six months, if this is the only basis of need for U.S. based life insurance)		

Please describe your need for U.S. life insurance based on the (1) suitable placement of the life insurance product itself; and (2) Substantial U.S. Nexus.

(continued on next page)

7. Signatures

The State of Florida requires applicants to read and acknowledge the below statement.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signed at (City and State)

Proposed Insured's Signature

Date

Proposed Insured's Name (please print)

Proposed Policy Owner's Signature (if different than Proposed Insured)

Date

Proposed Policy Owner's Name (please print)

Alternate signatures, if applicable

Trust:¹ _____ as trustee of the: _____
Trustee's signature Trust name (please print) Date

Trust:¹ _____ as trustee of the: _____
Second trustee's signature (as applicable) Trust name (please print) Date

Corporation:² _____ as: _____ of _____
Authorized signer (as applicable) Corporate title Corporation Date

Statement of Agent

By signing below, the Agent certifies to the following:

I understand, to the best of my knowledge, that all of the information provided by the proposed insured and proposed owner are true.

Writing Agent's Signature

Date

Writing Agent's Name (please print)

Florida License Identification Number

¹ Submit a current copy of the trust certification form if not already on file.

² Submit a current copy of the Corporate Resolution.

Please submit the form using one of the options below:

Email completed forms to:

lifeinsurance@send.allianzlife.com

OR

Web Upload:

You can upload your signed and completed form(s) by logging into your account at Allianzlife.com.

OR

Mail:

Regular Mail

Allianz Life Insurance Company of North America

PO Box 59060

Minneapolis, MN 55459-0060

Overnight Mail

Allianz Life Insurance Company of North America

5701 Golden Hills Drive

Minneapolis, MN 55416-1297

OR

Fax: 763.582.6004

Any questions? Call us at 800.950.7372