American General
Life Companies

Foreign Travel and Residence Questionnaire
Massachusetts 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. I understand that my response to any of the above questions may result in an additional premium being charged or in some cases denial of coverage.

Signed at (city, state) _____

Proposed Insured Signature **X** _____ Date _____

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