

GUIDELINES for NON-USA CITIZENS

****DO NOT apply these guidelines if the applicant has a valid Social Security Number****

- Applicant must provide one of the following:
 - a copy of their Permanent Residence Card (Green Card)
 - a copy of their Visa (temporary Visa NOT accepted) __
 - or ITIN number with a 1) state ID, 2) driver's license, *or*
3) consular card and passport
- Must have lived in the US for a minimum of 5 years
- Must not have plans to move back to native country
- Must complete Non-USA Citizen Questionnaire
- Must complete Form 4506-T, sign and send it to underwriting
(download form via IRS website)
- Must have residency or business property in the USA
- Telephone interview required on all applications
- Must have established medical care with a doctor or clinic
in the US
- Must provide US bank for ACH withdrawal

Non-US Citizens cannot be the payor or owner of an Insured's policy* even if they meet all of our Non-USA Citizen requirements.

*Exception for juvenile applicants with the parent or legal guardian who is a Non-US Citizen. The Non-US Citizen owner/payor in this instance will need to provide all of the usual documentation as requested above with the exception of a PHI.

DACA participants (Dreamers) are eligible to apply.

- American-Amicable Life Insurance Company of Texas
- Pioneer American Insurance Company
- Pioneer Security Life Insurance Company
- Occidental Life Insurance Company of North Carolina
- IA American Life Insurance Company

P.O. Box 2549, Waco, TX 76702

Ph: 800-736-7311 • Fax: 254-297-2102 • Email: underwriting@aatx.com

NON-USA CITIZEN QUESTIONNAIRE

Full Name: _____ Policy Number: _____

Country of Birth: _____ ITIN Number: _____

Please provide details and documentation for the below questions and requests.

- 1) How long has applicant lived in the USA? _____
- 2) Does applicant plan to move back to their native country? Yes No
- 3) Does applicant have a doctor or clinic in the USA? Yes No
Provide Name, Address and Phone: _____
Date last seen, Reason last seen and Medications: _____

- 4) Provide Occupation and Duties: _____
Employer Name and Address: _____
Nature of Business and Length of Employment: _____
- 5) If not employed, provide reason: _____
Provide source of income and annual income: _____
- 6) Provide copy of applicant's USA Driver's license. If no USA Driver's license, please provide the legal or medical reason for no license. _____
- 7) Provide copy of applicant's Legal Documentation showing they are legally in the USA. Examples: Green Card, Non-Immigrant Work Visa or Immigrant Visa.
- 8) Complete the W-9 form, sign and return. (Available to download from the IRS website.)

This Questionnaire amends and is made a part of my individual life insurance application. To the best of my knowledge and belief, and with the intent to induce the Company to issue the insurance coverage, all answers and statements contained in this questionnaire are true, complete, and correctly recorded. I will notify the Company of any changes in the statements or answers given in this application between the time of application and delivery of the policy.

Fraud Notice: Any person who knowingly presents a false statement in application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at: _____ Date: _____
(City and State) Month Day Year

Signature of Proposed Insured: _____

Signature of Agent: _____

Signature of Owner (If other than Proposed Insured): _____