

-----Proposed Insured-----

Amount of Insurance Requested Term of Coverage 10/20/30 Years? Quoted Annual Cost

Full Name E-mail Address Date of Birth

Place of Birth (State/Country) Occupation Sex Smoker

Male Yes

Female No

In Your own words, What are Your needs for the purchase of this Life Insurance policy?

Height (inch/cm) Weight (lbs/kg) Marital Status Number of Children

Single

Married

Name of Beneficiary Relationship to the proposed Insured

Name of Policy Owner or Trust: Owner's Date of Birth or Trust Date of Execution:

Country or Countries of Citizenship: Owner or Trust's Legal Address: State

Are you taking any Prescription medication? Have you been hospitalized or had surgery within the past 10 years?

Yes Yes

No No

Non-U.S. Citizens are required to maintain a current U.S. bank Account to qualify for this policy

Do you have a current bank account in the U.S.? Driver License # & State

Yes

No

-----Current Full-Time Residence Address Abroad:-----

Street and Number Town and City Post Code

Country Home/Mobile telephone number Abroad Best day & time to Call

In Your own words, What is the purpose and planned duration of your current residency abroad?

What % of the Year do You Reside at this Address?

Do you have current Business interests or own property in the U.S.?

Please provide details, if any:

Yes

No

-----**U.S. Mailing Address:**-----

To qualify for this Life Insurance policy, you must receive mail in your name at this address:

Number and Street

City or Town

State

Zip Code

U.S. Phone Number

Best day & time to Call?

-----**Address for Scheduling your Paramedic Exam:**-----

To Qualify for this Life Insurance Policy, you are required to take a Paramedic Exam with a Blood and Urine sample at your convenience and at our expense in the United States only, preferably at the U.S. Mailing Address stated above.

To Schedule your exam in advance of your next visit, please provide us with the Following:

Number and Street

City or Town

State

Zip Code

Phone Number at this Location

Best day & time to Call?

Your Date of Arrival at this Address

Your Date of Departure from this Address

If you are unable to schedule your Paramedic Exam at Your U.S. Mailing Address, kindly explain:

Business Address

Name of Business or Employer

Street and Number

City or Town, State or Region

Zip or Post Code

Country

Websites

-----**Other Information:**-----

Is this policy being purchased as part of an employer owned life insurance program where the employer is the direct or indirect beneficiary of the policy?

Yes

No

How did you hear about us?

Member Discounts may Apply

Enter your Member Reference Code# (If applicable)

Facebook

Google

AmCham

In Flight Magazine

Friends

Email

Membership

Other

No Payment necessary until Final Underwriting Approval