



FOREIGN NATIONAL FACT FINDER

Gather this information and submit this form.

LET'S GET STARTED TODAY.

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Your partner in life planning.



FOREIGN NATIONAL FACT FINDER

Client Name: _____

Date of Birth: _____

Gender:

Male Female

Height: _____

Weight: _____

Tobacco Usage:

Never Former Current
 Date Stopped: _____
 Type: _____

Coverage Information:

Type: Term UL
 IUL WL
 VUL Survivorship

Occupation: _____

Face Amount: _____

Income: _____

Premium Tolerance: _____

Citizenship: _____

Bank in US Mainland? No Yes

US Visa Type & Expiration: _____

Company: _____

Current Residence: _____

Location of work and duties: _____

Primary Residence: _____

Location of owned home(s): _____

Location of Physician: _____

How long have you known the client?: _____

How long has the client been living in the US? _____

Immediate Relatives with US Citizenship or Green Cards

Relation	Age	US Address	Years In US
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assets and Liabilities in US Dollars by Country

Assets/Liabilities	Total Global	US Only	Outside US (List Only)
Assets	_____	_____	_____
Liabilities	_____	_____	_____
Net Worth	_____	_____	_____

Travel: Prior Twelve Months

City/Country	Reason	Number of Trips/Dates	Total Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Travel: Next Twelve Months

City/Country	Reason	Number of Trips/Dates	Total Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance: Applied For Coverage

Type Face Amount:	Owner & Beneficiary:	Life Insurance Company:	Insurance Need & Reason:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance: In-Force Coverage

Type Face Amount:	Policy Issue Date:	Owner & Beneficiary:	Life Insurance Company:	Insurance Need & Reason:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total amount of insurance desired: _____

Will any in force be replaced?

- Yes No

If yes, please provide details: _____

Are there any other health issues? (Additional Questionnaires may be required)

- Yes No

If yes, please provide details: _____

