American General
Life Companies

Foreign Travel and Residence Questionnaire
Pennsylvania 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.
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signed at (city, state) _____

Proposed Insured Signature **X** _____ Date _____
(If under age 18, signature of parent or guardian)