

APPLICATION NUMBER

**RESIDENCY ADDENDUM FOR
AMERICAN INCOME LIFE INSURANCE COMPANY
PO BOX 2608
WACO, TX 76702**

PLEASE INDICATE APPROPRIATE APPLICANT'S NAME IN SHADED AREA

NAME _____

If the Proposed Insured is not a citizen of the United States:

1. Under what authority are you living in the United States? Please select one of the following:

☐ Alien Registration Receipt Card (INS Form I-151 or I-551, "Green Card")

Expiration Date _____

☐ Unexpired Employment Authorization Document (INS Form I-688B)

Expiration Date _____

☐ Other

a) Do you have a valid Government Issued ID? _____ ☐ Yes ☐ No

Type of ID _____

Number and expiration date of ID _____

b) Do you have a bank account? _____ ☐ Yes ☐ No

Name of the Bank _____

Type of Account ☐ Checking ☐ Savings

c) Do you have a valid Tax Identification Number? _____ ☐ Yes ☐ No

ITIN number _____

2. Of what Country are you a citizen? _____

3. List any family members living with you who are permanent residents or citizens of the United States:

	U.S. Citizen	Permanent Resident (Green Card)	Expiration Date
_____ Spouse Name	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___ / ___
_____ Child Name	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___ / ___
_____ Child Name	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___ / ___
_____ Child Name	<input type="checkbox"/>	<input type="checkbox"/>	___ / ___ / ___

4. Have you been living in the United States for the last twelve consecutive months? _____ ☐ Yes ☐ No

5. Do you plan to continue living in the United States? _____ ☐ Yes ☐ No

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

X _____
Signature of Applicant Date

X _____
Signature of Agent Date

