

RESIDENT ALIEN QUESTIONNAIRE

1. Name _____ DOB _____
2. Do you speak English? Yes No
If no, state name of translator and relationship _____

3. Country of origin _____
4. Current citizenship _____
5. Date of entry to the U.S.A. _____ / _____ / _____
6. Type of Visa Permanent (green card) Work
 Student Other
7. Visa symbol, number and expiration date _____
8. Have you applied for U.S. citizenship? Yes No
9. List immediate family members by relationship, age and citizenship
Within the U.S.A. _____
Outside the U.S.A. _____
10. Education _____
11. Occupation _____
12. Name of employer _____
Address _____
Date hired _____
Specific duties _____
13. Do you own assets or property outside the U.S.A.? Yes No
Specify _____
14. Do you plan to travel or reside outside the U.S.A.? Yes No
If yes, provide details for each country including: specific locations, departure dates, duration and purpose of stay.

Proposed Insured's Signature _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____



Ron Viola Insurance Services, Inc.
Solutions for Life

CA Lic. 0D25354
(800)640-7770

P.O. Box 6250
Los Osos, CA 93412
www.ronviola.com