

**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

**X** \_\_\_\_\_  
Signature of Applicant Date

**X** \_\_\_\_\_  
Signature of Agent Date