

Important Changes to Foreign National New Business Requirements *Life Insurance Only*

OM Financial Life Insurance Company has modified its LIFE Foreign National New Business Requirements, and the new requirements will be effective beginning February 25, 2008.

The main updates are as follows:

- There are now four categories for underwriting Foreign Nationals – What was previously the third category, “All Other Foreign Nationals”, has now been divided into two new categories.
 1. US Citizens and Permanent Residents
 2. Foreign Nationals residing in the U.S. under certain visas
 3. Foreign Nationals that are frequent visitors to the U.S.
 4. Foreign Nationals residing in the U.S. with no active documentation.
- New Form (ADMIN 5346): The New form ***Supplement to Application “Citizenship/Residence/Travel”*** (ADMIN 5346) is required for categories 2, 3 and 4. This New form replaces:
 1. The “Residence and Travel” questionnaire (ADMIN 4937). For CT, ME, NC, NJ and NY, the new form Supplement to Application “Citizenship/Residence/Travel” (ADMIN 5346) should be submitted together with the state specific “Residence and Travel” questionnaire: CT (ADMIN 5140), ME (ADMIN 5112), NC (ADMIN 5136), NJ (ADMIN 5099), and NY (THJF 1350).
 2. And, the “New Business ID Verification Checklist” (ADMIN 5346)
- Proof of Identity: A valid foreign passport is required as proof of identity for categories 2 and 3.

For more information about the requirements and conditions for underwriting for each category, please find the following attached for your reference:

- OM Financial Life’s Underwriting Categories for Foreign Nationals (OMCO 6521)
- Decision Diagram for Foreign National Underwriting Categories (OMCO 6753)
- Supplement to Application - Citizenship/Residence/Travel (ADMIN 5346)

The Spanish versions of these documents are also available on SalesLink *En Español*:

- Categorías de Selección de Riesgos para Ciudadanos Extranjeros de OM Financial Life (OMCO 6529)
- Diagrama para la Determinación de Categorías de Ciudadanos Extranjeros (OMCO 6754)

For questions or more information about what the En Español Program offers, please visit SalesLink En Español or contact us at espanol@omfn.com.

OM Financial Life's Underwriting Categories for Foreign Nationals (LIFE ONLY)



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CATEGORY	TAX ID	PROOF OF IDENTITY	REQUIREMENTS	CONDITIONS FOR UNDERWRITING
1 US Citizens & Permanent Residents	SSN	In accordance with Life application	Must have resided in U.S. a minimum of 6 consecutive months	Normal underwriting requirements
				No Issue or Face amount limits
				Preferred rates available based on Product Guidelines
2 FNs residing in the US under certain visas	SSN or ITIN	Unexpired Foreign Passport Required as proof of identity	Must have resided in U.S. a minimum of 6 consecutive months	Normal underwriting requirements
				Use RGA International Guidelines for Preferred Consideration
			ONLY Accepted Visa types accepted under Category 2 include: H1 H2 H3 L0 L1 K1 K2 V1 V2	Use RGA Int'l Guidelines for issue limits: A Country - \$2,000,000 B Country - \$1,500,000 C Country - \$1,000,000 D Country - \$500,000 Example: Mexico is currently rated a Class B country. Therefore, a Mexican National that is not a U.S. Citizen or Permanent Resident is subject to a \$1,500,000 face amount limit.
			Citizenship/Residence/Travel Questionnaire required	Watch for foreign travel plans
3 FNs that are frequent visitors to the US	SSN or ITIN or Standalone W-8BEN	Unexpired Foreign Passport Required as proof of identity	1. Must own property or 2. A business interest or 3. Have investment/banking relationships in U.S. or 4. Be employed by a U.S. based company and travel to the U.S. once a year. (Follows State Dept. Travel Warning List)	Risk above table D 200% will be declined; no table H's.
				Use RGA Int'l Guidelines for issue limits: A Country - \$2,000,000 B Country - \$1,500,000 C Country - \$1,000,000 D Country - \$500,000 Example: Mexico is currently rated a Class B country. Therefore, a Mexican National that is not a U.S. Citizen or Permanent Resident is subject to a \$1,500,000 face amount limit.
			Occupations not accepted include: Journalist Foreign Politician Foreign Gov't Employees	Use RGA Int'l Guidelines for possible ratings.
			Citizenship/Residence/Travel Questionnaire required	Coverage MUST be permanent or at least a 20 year term.
				Disability Income Rider, Critical Illness Rider or Accident Death Benefit (unless it is already built into product) are NOT AVAILABLE.
		Spouse Only Other Insured Rider, Children's Term Rider and Return of Premium Rider ARE AVAILABLE.		

OM Financial Life's Underwriting Categories for Foreign Nationals (LIFE ONLY)



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CATEGORY	TAX ID	PROOF OF IDENTITY	REQUIREMENTS	CONDITIONS FOR UNDERWRITING
4 FNs residing in the US with no active documentation	SSN or ITIN or Standalone W-8BEN	2 forms of ID from list provided; one must have a photo	Visa types excluded under Category 2 are acceptable.	Risk above table D 200% will be declined; no table H's.
			Must have had a visa issued even though currently expired.	
			Resided in the US at least 2 years	Issue limit \$1,000,000 coverage, except for ValueMaster
			Plans to stay in US permanently	ValueMaster policies are subject to a \$500,000 issue limit
			Spouses of category 1 & 2 are acceptable regardless of visa status.	Coverage MUST be permanent or at least a 20 year term.
			1. Must own property or 2. A business interest or 3. Have investment/banking relationships in U.S. Citizenship/Residence/Travel Questionnaire required	Disability Income Rider, Critical Illness Rider or Accident Death Benefit (unless it is already built into product) are NOT AVAILABLE. Spouse Only Other Insured Rider, Children's Term Rider and Return of Premium Rider ARE AVAILABLE.

*List of Acceptable Forms of Proof of Identification for Category 4 ONLY (2 forms of ID must be issued by different agencies)

1. USCIS Photo Identification*
2. Visa from U.S. Department of State
3. U.S. Driver's License
4. U.S. Military Identification Card

5. Foreign Driver's License
6. Foreign Military Identification Card
7. National Identification Card**
8. U.S. State Identification Card

9. Foreign Voter's Registration Card
10. Civil Birth Certificate
11. Medical Records***
12. School Records***

* United States Citizenship and Immigration Services

** Must be current, and contain name, photograph, address, date of birth and expiration date

*** ONLY Valid for dependents under 14 years of age; under 18 years of age if a student.

All Categories must also comply with the following 2 requirements:

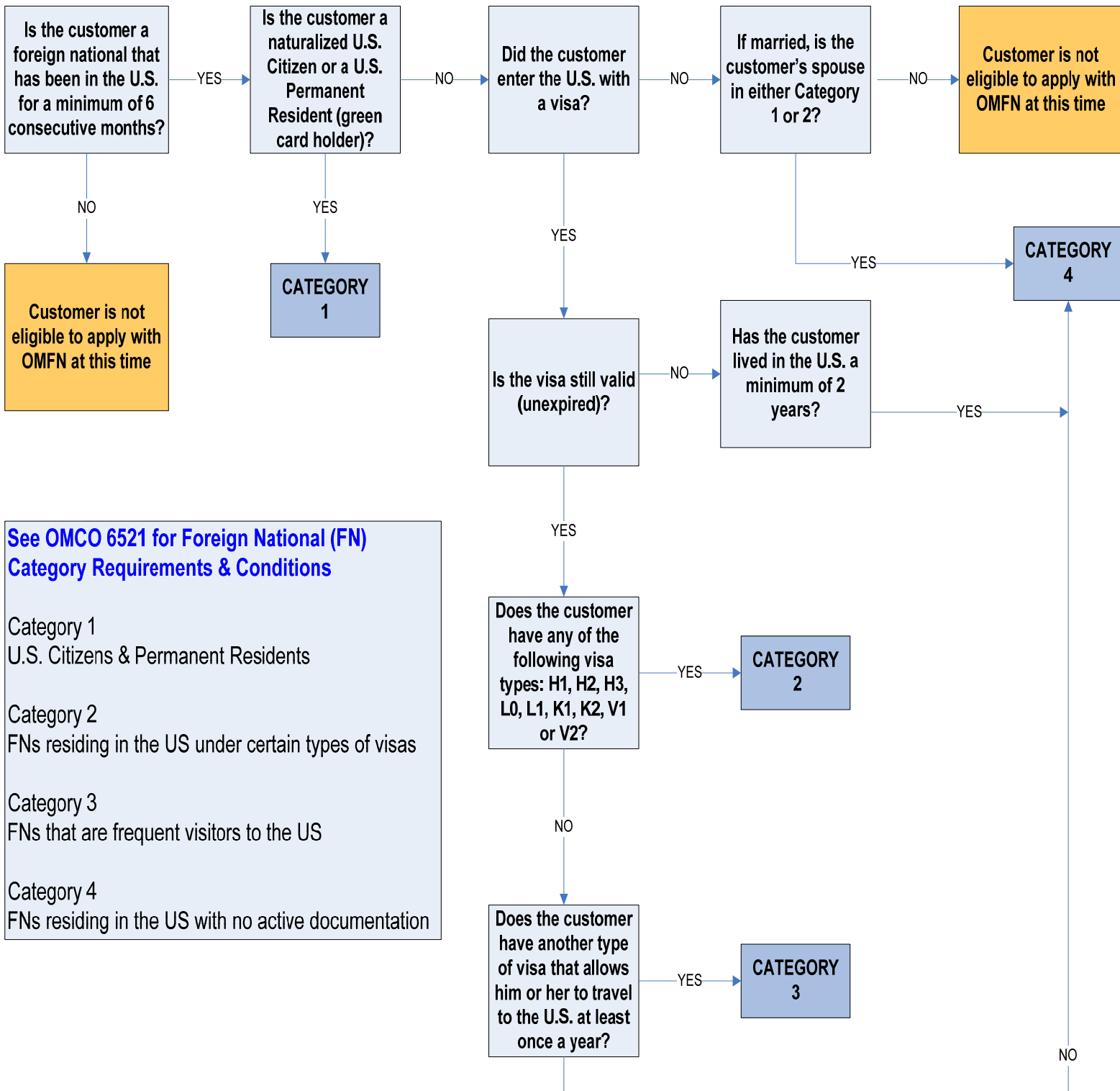
1. Application must be taken and medical requirements must be completed in the U.S.
2. Funds must be from a U.S. source and in U.S. dollars.

Decision Diagram for Foreign National Underwriting Categories



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See OMCO 6521 for Foreign National (FN) Category Requirements & Conditions

Category 1
U.S. Citizens & Permanent Residents

Category 2
FNs residing in the US under certain types of visas

Category 3
FNs that are frequent visitors to the US

Category 4
FNs residing in the US with no active documentation

Supplement to Application Citizenship/Residence/Travel



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Instructions: Please complete this form for any life or annuity applicant that is not a U.S. Citizen, including other insured or joint owner. This form must accompany all life or annuity applications for Foreign Nationals that are not U.S. Citizens.

Name: _____ Date _____ Policy # _____

	APPLICANT	Circle all that apply: Spouse / Joint Owner / Other Insured
1. Place of Birth		
2. Are you a U.S. Citizen?		
3. Do you have a green card?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide: Number: _____ Date Issued: _____ Expiration Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide: Number: _____ Date Issued: _____ Expiration Date: _____
4. Do you have a visa issued by the U.S. Department of State?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide: Visa Type: _____ Visa Number: _____ Expiration Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide: Visa Type: _____ Visa Number: _____ Expiration Date: _____
5. How long have you been in the U.S.?		
6. How long do you plan on staying in the U.S.?		
7. Do you have any plans to apply for U.S. Citizenship? If yes, when?		
8. Do the beneficiaries listed on the application live in the U.S.? If no, where do they live?		
9. Please provide a form of individual U.S. tax identification (SSN or ITIN). A W-8BEN form certifies foreign status.	SSN: _____ ITIN: _____ W-8BEN: Please attach completed form	SSN: _____ ITIN: _____ W-8BEN: Please attach completed form
10. Do you have a passport?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide: Issuing Authority (country) _____ Issue Date: _____ Passport #: _____ Expiration Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide: Issuing Authority (country) _____ Issue Date: _____ Passport #: _____ Expiration Date: _____
11. In the absence of a passport, please provide proof of identification (CATEGORY 4 ONLY) . Provide information on two forms of identification from the list provided below. The two forms of identification must be from different issuing agencies.	<p>Document 1 (must have a recent photo):</p> Document Type: _____ Document # (if any): _____ Issue Date: _____ Expiration Date (if any): _____ <p>Document 2:</p> Document Type: _____ Document # (if any): _____	<p>Document 1 (must have a recent photo):</p> Document Type: _____ Document # (if any): _____ Issue Date: _____ Expiration Date (if any): _____ <p>Document 2:</p> Document Type: _____ Document # (if any): _____

Supplement to Application Citizenship/Residence/Travel



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	APPLICANT	Circle all that apply: Spouse / Joint Owner / Other Insured
	Issue Date: _____ Expiration Date (if any): _____	Issue Date: _____ Expiration Date (if any): _____
12. In the U.S., do you...	1. Own Property? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. A business interest? <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Have an investment/banking relationship? <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Employed by a U.S. based company and travel to U.S. once a year. <input type="checkbox"/> No <input type="checkbox"/> Yes	1. Own Property? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. A business interest? <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Have an investment/banking relationship? <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Employed by a U.S. based company and travel to U.S. once a year. <input type="checkbox"/> No <input type="checkbox"/> Yes

<u>Acceptable Forms of Proof of Identity</u>	
1. USCIS Photo Identification*	7. National Identification Card**
2. Visa from U.S. Department of State	8. U.S. State Identification Card
3. U.S. Driver's License	9. Foreign Voter's Registration Card
4. U.S. Military Identification Card	10. Civil Birth Certificate***
5. Foreign Driver's License	11. Medical Records****
6. Foreign Military Identification Card	12. School Records****
* United States Citizenship and Immigration Services ** Must be current, and contain individual's name, photograph, address, date of birth and expiration date *** Expiration date not applicable **** ONLY Valid for dependents under 14 years of age; under 18 years of age if a student	

APPLICANT: Please complete the following foreign travel and residency questions:

- Do you plan on returning to your home country? Yes No If yes,
 - When? _____
 - For how long? _____
 - Do you plan on returning to the U.S.? Yes No
- Do you ever plan to return to live in your home country or any other country other than the U.S.? Yes No If yes, when and where? _____

- Do you travel, visit or reside in any other country other than the U.S. and your home country? Yes No If yes, please provide the following. **This question does not apply to applicants living in Florida.**

Country	Dates Visited	Reason for trip/visit	Duties while traveling or residing abroad	Any future intentions to go back? If so, when?

Supplement to Application Citizenship/Residence/Travel



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4. Would you consider traveling to non-urban areas, war zones or hazardous areas? Yes No If yes, please provide details: _____

I declare that the answers I have given are true, correct and complete, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Applicant

Date

I _____(Agent) have personally reviewed the identification documents and to the best of my knowledge attest to the accuracy of the identification information being provided in this questionnaire.

Signature of Agent and Agent Number

Date