Nautilus Member Agent Name: ____________________________ Date of Information: ___________

# Non-U.S. Citizen
# Targeted Confidential Questionnaire

The following information is requested in order to provide you with an accurate analysis representative of your current circumstances. New York Life Insurance Company, its agents and its employees do not give legal, accounting or tax advice. Everyone should seek the advice of his or her own professional advisors before taking any action in regard to this material.

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# Nautilus Member Agent Name: ______________________________

| Information | Client | Spouse |
|---|---|---|
| Full Name<br>(include birth name if different) | | |
| Date of birth | | |
| Country of Birth | | |
| Citizenship (indicate if dual) | | |
| U.S. Visa Status (attach copy) | | |
| State of Domicile (in United States) | | |
| Health issues?<br>(Describe) | | |
| Names, ages, and visa status of children of **current** marriage | | |
| Names, ages, and visa status of children **not of current** marriage | | |

| Asset | Value (U.S.) | Value (non-U.S.) | Debt on Asset | Ownership | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Client | Spouse | Community Property | JTROS | Other (Specify) |
| Bank Accounts | | | | | | | | |
| Certificates of Deposit | | | | | | | | |
| Primary Residence | | | | | | | | |
| Other Home(s) | | | | | | | | |
| Rental Real Estate[1] | | | | | | | | |
| Closely-held Business[2] | | | | | | | | |
| Marketable Securities | | | | | | | | |
| Note(s) Receivable | | | | | | | | |
| Art/Jewelry/Collectibles | | | | | | | | |
| Other household items | | | | | | | | |
| Autos & other vehicles | | | | | | | | |
| Other U.S. (specify) | | | | | | | | |
| Other Foreign (specify) | | | | | | | | |

[1] Add additional information on page 4.

[2] Add additional information on page 5.

| Individual Retirement Accounts and Qualified Plans (U.S. Only) | | | | |
|---|---|---|---|---|
| Participant | Type of plan | Beneficiary(ies) | Current Value | Projected Annual Income (Defined Benefit plans only) |
| | | | | |
| | | | | |
| | | | | |

| Foreign Retirement Plans / Foreign Pensions | | | | |
|---|---|---|---|---|
| Participant | Type of plan | Beneficiary(ies) | Current Value | Projected Annual Income (Defined Benefit plans only) |
| | | | | |
| | | | | |
| | | | | |

- ◻ Besides the above, what income or assets (including inheritance) will be available at retirement? *(Specify amounts.)*

| U.S. Life Insurance & Deferred Annuities | | | | |
|---|---|---|---|---|
| Insured(s) / Annuitant(s) | Beneficiary(ies) | Owner(s) | **Net** Cash Value | (Life insurance only) **Net** Death Benefit |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Foreign Life Insurance Contracts | | | | |
|---|---|---|---|---|
| Insured(s) / Annuitant(s) | Beneficiary(ies) | Owner(s) | **Net** Cash Value | (Life insurance only) **Net** Death Benefit |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- ◻ What are your fastest growing assets? For each, **what growth rate** do you expect for the foreseeable future?
  - Unless otherwise specified, 5% annual growth will be assumed for all assets.

| Survivor and Retirement Income Need Analysis | |
|---|---|
| What amount of annual income would your spouse need in the event of your death? | $ |
| At what age do you expect to retire? | |
| How much annual income will you want at retirement? | $ |
| What is your current income (all sources)? | $ |
| How much of that income would cease if your life ended? | $ |
| What is your current income tax bracket (federal plus state)? | % |

☐ Describe your current wills: ☐ All to spouse ☐ Credit shelter bypass ☐ None

☐ Does your current will or trust document contain Qualified Domestic Trust ("QDoT") language? ☐ Yes ☐ No

☐ Are there any special needs (financial or medical) of parents, children, or other family members? *(Describe.)*

☐ Have you ever made "lifetime exclusion" gifts? *(Provide type of asset, and approximate date and value.)*

- *(If yes)* Were gift tax returns filed? ☐ Yes ☐ No

☐ Is protection from predatory creditors (including children's ex-spouses) important to you? ☐ Yes ☐ No

☐ Are there specific charitable objectives you would like to see fulfilled? *(Describe charity, timing, and amount.)*

☐ Obtain copies of wills, trusts, business agreements, and other legal documents.

# Rental Real Estate

Please list all commercial and residential rental properties.

| Rental Property (Location and Description) | Owner(s) (if entity, indicate type) | Ownership Percentage | Rental Income |
|---|---|---|---|
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |

- ❑ Is there a written lease? If yes, please provide. Yes No
- ❑ Who manages your rental properties? If there is a written management contract, please provide.
- ❑ If one or more family members occupy rental property, please indicate which property and relationship.

# Closely Held Business Owners

- ☐ What is the full legal name of your company?

_______________________________________________

- ☐ In what state or foreign country was your company organized?

_______________________________________________

- ☐ Type of business entity:
  - ☐ Sole proprietorship
  - ☐ General partnership
  - ☐ Limited partnership
  - ☐ C corporation
  - ☐ S corporation
  - ☐ Limited liability company
  - ☐ Limited liability partnership
  - ☐ Limited liability limited partnership
  - ☐ Other: _______________________

- ☐ Number of full-time employees: _________
- ☐ If company is a subsidiary, location of Primary Office: _____________________________
- ☐ Are any family members employed in the business? If yes, describe any future plans for increased responsibility and/or ownership:

| Business Owner | Ownership % | Income *from the Business* | Age | Active vs. Non-active |
|---|---|---|---|---|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

- ☐ Who will own your business interest in the event of your retirement, disability or death?
  - ○ *(If more than one owner:)* Is there a *written* buy-sell agreement? ☐ Yes ☐ No
- ☐ Which non-owner employees are "key" to the continued success of the company? *(Provide responsibilities, ages, and total compensation.)*

- ❑ Does the company currently provide any employee fringe benefits? Describe.

- ❑ How much company debt do you currently guarantee? $____________ Is this amount typical? ☐ Yes ☐ No
- ❑ Are there other assets, liabilities, issues, or objectives that should be considered in this analysis?

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