

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.



# Nautilus Member Agent Name: \_\_\_\_\_

Information	Client	Spouse
Full Name (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? (Describe)		
Names, ages, and visa status of children of <b>current</b> marriage		
Names, ages, and visa status of children <b>not of current</b> 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 <sup>1</sup>								
Closely-held Business <sup>2</sup>								
Marketable Securities								
Note(s) Receivable								
Art/Jewelry/Collectibles								
Other household items								
Autos & other vehicles								
Other U.S. (specify)								
Other Foreign (specify)								

<sup>1</sup> Add additional information on page 4.

<sup>2</sup> 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?

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In what state or foreign country was your company organized?

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Type of business entity:

- |                                              |                                                    |                                                                |
|----------------------------------------------|----------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> C corporation             | <input type="checkbox"/> Limited liability partnership         |
| <input type="checkbox"/> General partnership | <input type="checkbox"/> S corporation             | <input type="checkbox"/> Limited liability limited partnership |
| <input type="checkbox"/> Limited partnership | <input type="checkbox"/> Limited liability company | <input type="checkbox"/> 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 <i>from the Business</i>	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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AR Insurance License Number 8428861



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