



NON-RESIDENT VERIFICATION FORM

This form can be used to assist you in providing the required documentation if an application is signed in a state other than the applicant/owner "Resident State."

Definitions

Resident State- is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note, that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

For business entity, "Residence State" is defined as the state where the business entity has its primary place of business or place of incorporation. For trusts, "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

Application State- is where the applicant/ owner signed the application and where the policy is solicited, paramedic exam is scheduled (if applicable), and policy/contract is delivered. The "Application State" must be a state where the agent is licensed and the product is approved.

When a product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the product*.

I _____ (Owner/ Joint Owner) am a resident of the state of _____

My valid reasons for being in the Application Signed State of _____ is (other than to purchase an annuity or insurance)

Acknowledgments

All communications, sales material and negotiations of the application occurred in the Application State.

The application was signed by the owner and the agent in the Application State.

The owner will take delivery of the policy/contract issued in the Application State.

I understand that the solicitation for this policy and contract occurred in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy/contract applied for.

Owner Signature: _____ Date: _____

Agent Signature: _____ Date: _____

*State Restrictions- Alabama, Massachusetts, Minnesota, Oregon, Utah and Washington - Purchase of products outside these resident states is not allowed if they are not available for sale in the resident state.

For questions, please contact Sentinel Security Life Insurance New Business Department

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