

**Foreign Travel or
Residence Supplement to
Application for Insurance**

The United States Life Insurance Company in the City of New York, New York, NY

A subsidiary of American International Group, Inc.

In this application, the "Company" refers to the insurance company whose name is shown above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

1. Name _____

2. Date of Birth _____

3. Place of Birth _____

4. Occupation _____

5. Of what country are you a citizen? _____

6. To what foreign country (or countries) do you intend to travel? _____

7. By what mode of transportation? _____

8. How long do you plan to remain? _____

9. For what purpose is the trip made? (Give full details) _____

10. In what cities will you be located? _____

11. Do you anticipate any flying other than as a passenger on regularly scheduled commercial airlines? (If yes, give full details). _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Dated at _____ this _____ day of _____ 20 _____

Witness

Signature of Proposed Insured