United States National Declaration

Application Number:	
Applicant(s):	

1. (Check one of the following)

   ○ I am a United States citizen.

   ○ I am the holder of a "green card" issued by the United States Immigration and Naturalization Service.

2. I reside outside the United States and have no intention of returning to the United States while my policy is in effect.

3. I have received independent advice and acknowledge and understand the United States tax consequences of my policy. I understand the policy was not designed to comply with the conditions prescribed in the U.S. Internal Revenue Code for qualifying life insurance or annuity contracts and that the policy may not benefit from the tax treatment that applies to qualifying life insurance or annuity contracts. I agree not to hold the company liable for any adverse United States tax consequence suffered by me as a result of the policy.

4. I undertake to pay any annual tax liability, state premium tax, Federal Excise Tax or any other state or Federal tax which may become due because of premiums paid or benefits payable under the policy. In the event that the company is pursued for any such taxes in the United States payable by me, I hereby give the company an irrevocable right to apply policy account values or any amount payable under the policy as reimbursement for any such taxes it pays.

5. I acknowledge and understand that if at any time while the policy is in effect I reside in the United States, the company may be unable to accept any further instructions from me, my beneficiaries or my/their representatives with respect to the following actions, and may decline to process my requests to take such actions regardless of the policy terms and conditions that otherwise allow such actions:

   a) accept payment of scheduled premiums;

   b) increase or decrease scheduled premiums;

   c) accept payment of premiums that are not scheduled (either as to time or amount);

   d) switch policy assets between investment options, change investment options or change allocations of account values among investment options;

   e) exercise any settlement options at maturity or upon death other than payment of cash value;

   f) make any major changes in terms or conditions, including changes in benefits or face amount; or

   g) assign policy ownership without the company's consent.

6. I agree to notify the company if I recommence residence in the United States while the policy is in effect.

7. I understand and agree that the company will make this document a part of the policy that is issued to me. If the provisions of the policy conflict with the provisions of this document, the company will apply this document's provisions.

Please sign and date.

Signature		Date	
X			

Print Name	

Please sign and date.

Signature		Date	
X			

Print Name	

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