

# Customer Identification Verification Form Guide



This document provides instructions on how to successfully complete the Customer Identification Verification form, which is required with all annuity new business applications. Please be sure that you understand the requirements and contents of the form. Any omissions will delay or halt the new business process and issuance of the contract will be delayed.

**Section A must match the ID that was reviewed. This includes the street address, city, state and zip.**

A. Identification Verification			Complete for each Insured/Annuitant/Owner. Information should be recorded EXACTLY as it appears on the identification reviewed. Use additional forms if necessary.		
<input type="checkbox"/> Insured	<input type="checkbox"/> Annuitant	<input type="checkbox"/> Owner	<input type="checkbox"/> Joint Insured	<input type="checkbox"/> Joint Annuitant	<input type="checkbox"/> Joint Owner
Check <b>one</b> form of ID: <input type="checkbox"/> Driver's License or State Issued ID Card <input type="checkbox"/> Resident Alien ID (Green Card) <input type="checkbox"/> Passport <input type="checkbox"/> Other: (Describe) _____			Check <b>one</b> form of ID: <input type="checkbox"/> Driver's License or State Issued ID Card <input type="checkbox"/> Resident Alien ID (Green Card) <input type="checkbox"/> Passport <input type="checkbox"/> Other: (Describe) _____		
Name (First, Middle, Last) _____			Name (First, Middle, Last) _____		
Date of Birth (mm/dd/yyyy) _____			Date of Birth (mm/dd/yyyy) _____		
Street Address (not PO Box) _____			Street Address (not PO Box) _____		
City, State, ZIP Code _____			City, State, ZIP Code _____		
Number on ID _____ State or Country _____			Number on ID _____ State or Country _____		
Identification Expiration Date _____			Identification Expiration Date _____		

**If the client is retired, provide the most recent occupation prior to retirement. If the client is a business owner or self-employed, provide type of business.**

B. Additional Customer Information	
Occupation (if retired list most recent Occupation) _____	Occupation (if retired list most recent Occupation) _____

### Non-US Citizens who are permanent residents:

1. Copy of permanent resident card (Green Card) front and back
2. Driver's license
3. Occupation, employer name and address. If retired, most recent employer and address

### Non-US Citizens who are Non-Resident Aliens:

1. Copy of passport
2. Address in the country of permanent residence
3. Occupation, employer name and address. If retired, most recent employer and address

<b>U.S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>U.S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", Country of Citizenship _____	If "No", Country of Citizenship _____
Country of Permanent Residence _____	Country of Permanent Residence _____
Number of years in the U.S. _____ Visa Type _____	Number of years in the U.S. _____ Visa Type _____

**Check one box in Section 3 – please note that if agent did not personally review the ID used in section A, we require a copy of the client's driver's license along with an explanation as to why it was not personally reviewed.**

Section 3 - Producer Statement
<input type="checkbox"/> I certify that I personally met with the proposed Insured(s)/Annuitant(s)/Owner(s) and reviewed the above identification documents. To the best of my knowledge, it accurately reflects the identity of the proposed Insured(s)/Annuitant(s)/Owner(s).
<input type="checkbox"/> I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Insured(s)/Annuitant(s)/Owner(s) is true and accurate.
Reason for not reviewing documents: _____