



## SUPPLEMENTAL INFORMATION FOR SPOUSE BENEFICIARY QUESTIONNAIRE

I. INFORMATION ABOUT YOUR SPOUSE			
Name:			
Other Names Used:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/>	Height:	
	Female		
Like to change your name:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, print your new name:			
Present marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married (Please fill Section II) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Please fill Section III)		
Address in US:			
Telephone/Mobile/Email:			
Date of Birth:		City/Country of Birth:	
Citizenship:			
A#:			
Social Security #:			

II. CURRENT SPOUSE INFORMATION			
Name:			
Current Address:			
Telephone:			
Date of Birth:		City/Country of Birth:	

<b>Date &amp; Place of Marriage:</b>			
<b>Citizenship:</b>		<b>Immigration status (if not U.S. citizen):</b>	
<b>A# if any:</b>			
<b>Social Security #:</b>			
<b>Date &amp; Place of naturalization:</b>			

### III. PREVIOUS MARRIAGE INFORMATION

I have been married \_\_\_\_ time(s).  
 (\*If you or your spouse were previously married, please provide the following information for all your prior marriages.)

	<b>Yourself</b>	<b>Current Spouse</b>
<b>Name of Prior Spouse</b>		
<b>When &amp; Where did the Marriage take place?</b>		
<b>When &amp; How did the marriage end?</b>		
<b>Immigration Status of Prior Spouse</b>		

### IV. ADDITIONAL INFORMATION ABOUT YOU

#### RESIDENCE IN THE LAST FIVE YEARS (LIST PRESENT FIRST)

<b>Street &amp; Number</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>From (mm/dd/yyyy)</b>	<b>To (mm/dd/yyyy)</b>


**V. EMPLOYMENT HISTORY DURING THE LAST 5 YEARS (START WITH MOST RECENT)**

<b>Employer's Name:</b>	<b>Work Address:</b>	<b>Your occupation:</b>	<b>From (mm/dd/yyyy)</b>		<b>To (mm/dd/yyyy)</b>	

**VI. Information About Your Parents**

<b>Full Name</b>	<b>Male/ Female</b>	<b>Date of Birth</b>	<b>Country &amp; City of Birth</b>	<b>Current City &amp; Country of Residence</b>