

## Foreign Residence/Travel Questionnaire

Proposed Insured Name: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_ Birthplace \_\_\_\_\_

Face Amount: \_\_\_\_\_ Type of coverage: UL IUL Term WL SUL

Current Citizenship: \_\_\_\_\_ Type of Visa: \_\_\_\_\_

Visa Number: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Duties: \_\_\_\_\_

**List the foreign locations where Proposed Insured plans to live and/or travel.**

City	Country	Arrival Date	Departure Date	Purpose*	Anticipated Work Environment**

\* Example: include student, missionary, government, employer, business, pleasure

\*\*Example: include metropolitan, rural/agricultural, primitive/native areas

**List foreign locations where Proposed Insured has traveled in the past 3 years.**

City	Country	Arrival Date	Departure Date	Purpose*

\*Example: include student, missionary, government, employer, business, pleasure

**Additional information:**

---



---