

Foreign Travel Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Amount of Life Insurance Desired? _____ Plan Desired? _____

1. Are you a U.S. Citizen? Yes No **If Yes, please proceed to Part 2**

a. Alien Registration Number _____

b. Issue Date _____ Expiration Date _____

c. Citizenship _____ Country of Birth _____

d. Country of permanent residence _____ Do you own a home in the U.S.? Yes No

If yes, address please _____

e. Do you own a home in a foreign country? Yes No

If yes, where? _____

f. If married, does your family live with you in the U.S.? Yes No

If no, where does your family live? _____

2. Have you traveled outside of the U.S. within the last two years? Yes No

a. Purpose of visit? _____

b. Length of each visit? _____ How often? _____

c. What country(s) did you visit? _____

d. Within each country visited, what city(s) did you visit? _____

e. Did you visit any rural areas? Yes No

If yes, where did you go? _____

3. Do you plan to travel outside of the U.S. in the next two years? Yes No

a. Purpose of visit? _____

b. Length of each visit? _____ How often? _____

c. What country(s) will you visit? _____

d. Within each country visited, what city(s) will you visit? _____

e. Will you visit any rural areas? Yes No

If yes, where will you go? _____

4. Are you employed in the United States? Yes No

a. If yes, name and address of employer and your duties? _____

b. If no, please describe your sources of income while living in the U.S. _____

Signature of Proposed Insured _____ Witness _____ Date _____

