

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:
