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Overseas Travel /Residence Questionnaire

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. Please provide at least two valid IDs.

Name of Policy Owner (Last, First, Middle Name)

Name of Policy Insured (Last, First, Middle Name)

Policy Number:

1. Please provide details of all countries you intend to reside or travel (excluding holidays and short business trips) including date(s) and the period of time you expect to stay in each country.

2. Please provide details of travel over the last 2 years (excluding holidays and short business trips) including date(s) and duration of visit(s).

Please advise reason for visit(s). If you intend to work overseas please include details of the type of work you will do, including duties

3. While residing or traveling overseas will you live in a city or town or a rural area? Please include name of city or town or name of nearest city or town if living in a rural area.

4. Do you expect to travel away from your usual place of residence?

Yes No

If "yes" please advise:

i) Area(s) to be visited _____

ii) Period of time spent away from place of residence _____

iii) Type of transport used _____

5. Since the date of your application have you suffered from any illness or injury or had any reason to receive medical attention or advice?

Yes No

If "yes", please provide details.

Declaration

I declare that the statements made are true and complete and agree that they shall form part of the application and shall together with the application be the basis of the proposed contract. To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

Signed at _____ on _____

Signature of Proposed Insured

Witness