

Foreign Travel Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
Maximum Premium Tolerance Per Year: _____
Has Client Ever Used Any Form Of Nicotine? No Yes
Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
Frequency: _____ Date Last Used _____
Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) What country are you a citizen of? _____
- 2) Please complete the following regarding any planned or expected travel or residence outside the USA or Canada **within the next year.**

Provide the name City & Country to be visited:

Dates of Stay - Arrival Date to Departure Date:

Purpose of Travel – Business, Pleasure, family visit, etc. provide details:

Accommodations - Hotel, Private Home, Other provide details:

How often do you travel to these locations:

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Please complete the following regarding previous travel or residence outside the USA or Canada **within the past two years.**

Provide the name City & Country to be visited:

Dates of Stay - Arrival Date to Departure Date:

Purpose of Travel – Business, Pleasure, family visit, etc. provide details:

Accommodations - Hotel, Private Home, Other provide details:

How often do you travel to these locations:

3) Please provide a brief description of your duties while traveling or residing abroad:

4) Do you expect to visit non-urban areas? Yes No If yes, provide details

A) Your likely accommodations _____

B) The availability to medical facilities _____

5) Would you consider traveling to war zones or hazardous areas? Yes No If yes; provide complete details

Please use additional pages if needed