



Life Insurance – Questionnaire: Foreign Travel and Residence

HEAD OFFICE

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I General information				
Name				Policy Number
Citizenship		Occupation		
Type of Business				
II Foreign travel residence details, previous travel				
Give details of all trips outside North America, Western Europe, Australia and New Zealand in the past two (2) years.				
Cities/Countries	Dates (departure/return) YYY/MM/DD	Frequency of trips	Reason/purpose	Organization/Group visited
Cities	departure / /			
Countries	return / /			
Cities	departure / /			
Countries	return / /			
Cities	departure / /			
Countries	return / /			
Cities	departure / /			
Countries	return / /			
Cities	departure / /			
Countries	return / /			
III Are you likely to have other stays outside North America, Western Europe, Australia and New Zealand within the next two (2) years?				
Cities/Countries	Dates (departure/return) YYY/MM/DD	Frequency of trips	Reason/purpose	Organization/Group visited
Cities	departure / /			
Countries	return / /			
Cities	departure / /			
Countries	return / /			
Cities	departure / /			
Countries	return / /			
Cities	departure / /			
Countries	return / /			

IV What method of transportation do you use?

Return trip to/from your destination

During your stay (on site)

Type of accommodation Hotel Private Other _____

V Do you or will you have to call on security measures during your trips? (Example: police escort, bodyguard, etc.)

VI Additional information

I declare that the above information and answers are complete and true and will be part of the application for life insurance with Standard Life.

Signed at _____, this _____, _____, 200_____

Witness	Insured's signature
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