

## Foreign Travel and Residence Questionnaire

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_  
 Policy Number : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

1. Do you intend to travel or reside in a country other than Canada or the United States?  Yes  No  
 If yes, please give details:

Country	City	Date	Duration	Reason

If the reason mentioned above is related to your employment or work, please provide us with the duties of your occupation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. In the past three (3) years, have you traveled or resided in a country other than Canada or the United States?  Yes  No  
 If yes, please give details:

Country	City	Date	Duration	Reason

3. Birthplace : \_\_\_\_\_ Citizenship : \_\_\_\_\_
4. Country of permanent residence: \_\_\_\_\_ Since when? \_\_\_\_\_
5. Additional information : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of the person to be insured (parent or legal guardian if a minor) \_\_\_\_\_ Date \_\_\_\_\_