

**FOREIGN TRAVEL AND RESIDENCE QUESTIONNAIRE** (to be completed by Proposed Insured)

Full Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. Have you travelled, resided, or worked outside North America in the past 12 months or have any plans to do so in the next 12 months? Please state date(s) of visit(s), countries, regions, reason for visit(s), frequency and duration of visit(s):

**a) Within the last 12 months**     Yes     No

Date(s) of visits (dd/mmm/yyyy)	Countries	Regions	Reason for visit(s)	Frequency	Duration of visit(s)
dd/mmm/yyyy					

**b) Within the next 12 months**     Yes     No

Date(s) of visits (dd/mmm/yyyy)	Countries	Regions	Reason for visit(s)	Frequency	Duration of visit(s)
dd/mmm/yyyy					

2. Please give a brief description of your duties while travelling or residing abroad:

\_\_\_\_\_

\_\_\_\_\_

3. Do you expect to visit non-urban areas?     Yes     No    If "Yes", please give details of:

- a) Your likely accommodation \_\_\_\_\_
- b) The availability of medical facilities \_\_\_\_\_
- c) Your travel arrangements (e.g., light aircraft, boat etc.) \_\_\_\_\_

4. Would you consider travelling to war zones or hazardous areas?     Yes     No    If "Yes", please give details.

\_\_\_\_\_

\_\_\_\_\_

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ ; and they shall be of the same effect as if contained in the original application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Witness

Proposed Insured