

Foreign Travel Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Amount of Life Insurance Desired? _____ Plan Desired? _____

1. Are you a US Citizen? Yes No If Yes, please proceed to Part 2

- a. Alien Registration Number _____
- b. Issue Date _____ Expiration Date _____
- c. Citizenship _____ Country of Birth _____
- d. Country of Permanent Residence _____ Do you own a home in the US Yes No
If Yes, Address please _____
- e. Do you own a home in a foreign country? Yes No
If Yes, Where? _____
- f. If married, does your family live with you in the U.S.? Yes No
If No, where does your family live? _____

2. Have you traveled outside of the U.S. within the last two years? Yes No

- a. Purpose of visit? _____
- b. Length of each visit? _____ How often? _____
- c. What country(s) did you visit? _____
- d. Within each country visited, what city(s) did you visit? _____
- e. Did you visit any rural areas? Yes No
If Yes, where did you go? _____

3. Do you plan to travel outside of the U.S. in the next two years? Yes No

- a. Purpose of visit? _____
- b. Length of each visit? _____ How often? _____
- c. What country(s) will you visit? _____
- d. Within each country visited, what city(s) will you visit? _____
- e. Will you visit any rural areas? Yes No
If Yes, where will you go? _____

4. Are you employed in the United States? Yes No

- a. If Yes, Name and Address of Employer and your duties?

- b. If No, please describe your sources of income while living in the United States.

Signature of Proposed Insured _____ Witness _____ Date _____

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

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