

FOREIGN TRAVEL AND RESIDENCY QUESTIONNAIRE

Application Number _____

Proposed Life Insured	Date of Birth
	dd/mm/yyyy

Do you intend to travel outside North America for longer than a total of 6 weeks or change your Country of residence in the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" list the countries, cities, date of departure and length of stay.
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Country	City (cities)	Date of Departure	Length of stay
		dd/mm/yyyy	
		dd/mm/yyyy	
		dd/mm/yyyy	
		dd/mm/yyyy	
		dd/mm/yyyy	
		dd/mm/yyyy	

Describe the living accommodations and the facilities where you work when in foreign countries.

What is the purpose of these trips?

If travel is for other than vacation, provide details of your duties and activities while in foreign countries.

I declare that the above answers and statements are true, complete and correctly recorded and shall form part of my Application for Insurance with The Equitable Life Insurance Company of Canada

Date
Witness
Proposed Life Insured