



financial life

A Fraternal Benefit Society

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FOREIGN TRAVEL AND RESIDENCE QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

1) PAST TRAVEL HISTORY OUTSIDE OF THE UNITED STATES:

Please list each city and country to which you have traveled in the past two (2) years, the length of stay in each location, and the specific date of travel.

	City/Country	Length of Stay	Date(s)
a)			
b)			
c)			
d)			

2) FUTURE TRAVEL PLANS OUTSIDE THE UNITED STATES:

List each city and country to which you will be traveling in the next two (2) years, the length of stay in each location, and how many times per year you visit each location. Include a detailed description of the type of accommodations.

	City/Country	Length of Stay	Date(s)
a)			
b)			
c)			
d)			

3) Describe the purpose of your past and future travel. If your travel is business related, please describe your duties.

Accommodations: _____

4) What is your birthplace? _____

5) Are you a U.S. citizen? _____

If not, indicate type of visa: _____

6) If not a U.S. citizen, list your country of citizenship: _____

7) Country of permanent residence: _____ How long? _____

8) How long have you resided in the U.S.? _____

I understand that this declaration will be relied upon by the 1891 Financial Life in determining my insurability. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. I declare that the above answers are true and complete to the best of my knowledge and belief.

Signature of Proposed Insured

Date

If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery