



FOREIGN RESIDENCE AND TRAVEL QUESTIONNAIRE

Name _____ File _____

Birthplace _____ Canadian citizenship Yes No

If not a Canadian citizen, what is your status in Canada? _____

If landed Immigrant: Yes No Date of arrival: _____

Employer _____ Nature of Business _____

Occupation _____ Duties _____

FOREIGN RESIDENCE/TRAVEL DETAILS

1. List each city & country (outside of Canada and the United States) where you have travelled/resided ***in the past 2 years:***

City & Country visited	Length of stay	Date of departure	Purpose of travel	# per year

2. List each city & country (outside of Canada and the United States) where you expect to travel to/reside ***in the next 2 years:***

City & Country	Length of stay	Date of departure	Purpose of travel	# per year

3. Accommodation: Hotel Private home if other, provide details: _____

4. Comments: _____

DECLARATION:

I declare that the answers and statements to the above questions are complete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date _____ Signature _____

PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, TEL: 1-888-997-9965, FAX: 1-888-985-3872