

Travel and Residency Questionnaire

Life Assured:

1. Please state your citizenship or nationality.

2. (a)What is your country of permanent residence?

(b)Duration of permanent residence there?

(c)If you have been a permanent resident there for less than 5 years, please state your country of former residence.

(d)Do you intend to change your country of permanent residence? If yes, please provide details.

3. (a)What type of visa/s do you have?

(b)Date issued?

(c)Date of expiry?

4. Please provide full details of all international travel in the LAST 2 years including business and holiday travel. (If “none”) please indicate below.

Dates (month & year)	Purpose of visit	Country	Cities	Duration of stay	If business, give details of duties

5. Please provide full details of all planned or intended international travel for the NEXT 2 years including business and holiday travel. (If “none”) please indicate below.

Dates (month & year)	Purpose of visit	Country	Cities	Duration of stay	If business, give details of duties

6.If the answers provided in question 5 differ significantly from the answers provided in question 4 in terms of countries visited, frequency or pattern of travel please provide details.

7.Do you fly or intend to fly on unscheduled airlines, local airlines or chartered airlines? If yes, please give details.

I declare that I have answered the above questions honestly and with reasonable care (including any statements written down for me). I understand that failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

I agree to notify Zurich Life if there are any changes in my answers to the questions in the application form or this questionnaire between the date of completion of these forms and the date that the policy is issued

I agree that this declaration shall be incorporated with and form part of the original application form.

Signature of the Life Insured: _____ Date: _____