



QUESTIONNAIRE FOREIGN RESIDENCE AND TRAVEL

First and last names of insured _____

| Y | Y | Y | Y | M | M | D | D |

Date of birth

Policy / application number _____

Foreign residence / Travel details

Complete the following section for all travels outside Canada or United States in the last 24 months.

Country	Cities, regions	Duration of trip	Purpose	Date of return in Canada

Complete the following section for all travels outside Canada or United States planned for the next 24 months.

Country	Cities, regions	Duration of trip	Purpose	Planned date of return in Canada

Additional information

Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

X _____
Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

| Y | Y | Y | Y | M | M | D | D |
Date of signature