

Foreign residence/travel questionnaire

Policy no.

Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy) — —
Advisor's first name	Middle initial	Last name	Advisor's no.

Do you intend to **travel** or **reside** outside of **Canada** or the **U.S.**? ☐ Yes ☐ No

If 'yes', answer the following questions.

1. Status: ☐ Canadian citizen ☐ Landed immigrant ☐ Other
If not born in Canada, date of arrival Date of arrival (dd-mm-yyyy)
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2.

Employer	Occupation
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3. Travel destinations (countries, cities)	Travel dates	Length of each stay	Purpose of travel (details of planned activities or duties)

4. Accommodation: ☐ Hotel ☐ Private home ☐ Other

Provide accommodation details in the box below.

5. Type of transportation to be used:

To/from your destination	During your stay
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6. Do you plan to travel outside major urban centres? ☐ Yes ☐ No

If 'yes', provide details in the box below.

Foreign residence/travel questionnaire (continued)

Policy no.

7. Are you likely to travel elsewhere in the future? ☐ Yes ☐ No

If 'yes', provide details in the box below.

8. Provide details of all travel outside of North America, Western Europe, Australia or New Zealand during the **last two years** (including dates and places) in the box below.

Declaration: I declare that the answers and statements to all of the questions are complete and true and shall form part of my application for insurance on my life with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions (if I misrepresent my answers or statements) the company may void the policy.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —	Signature of proposed insured X
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