

Travel and residency

Supplementary questionnaire (to be completed by the life to be insured)

Instructions

Due to the international nature of our business and our client base, Zurich International Life need to be fully aware of any travel and residence information as this is important to the assessment of your application. It is important that we collect as much information as possible about your individual circumstances to enable us to assess the risk accurately and to avoid impacting the assessment of any claim.

Please complete this form in English and in **CAPITAL** letters to supplement the answers given on your main application. The information you provide will assist us in the assessment of your application and help minimise the need for any further information.

All questions must be answered accurately with full disclosure of all relevant information. Unanswered questions, or questions not answered fully and completely will delay your application.

If there is insufficient space for any answer, please continue on a separate piece of paper and attach it to this questionnaire.

1 Personal details

Full name of life to be insured

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Policy number

2 Supplementary questions

1. Please state all countries where you have citizenship

2. In which countries do you pay income tax?

3. Do you own properties in countries other than your current country of residence?

Yes No

If 'Yes', please confirm the location of such properties (town and country) along with the nature of the property (e.g. family home, investment property, business property, etc.).

4. Is your family (wife/husband/children) residing with you in your current country of residence?

Yes No

If 'No', please advise the city/town and country in which they are living.

Supplementary questions (continued)

5. Have you been continuously resident in your current country of residence for the last five years?

Yes No

If 'No', please advise the city/town and country in which you were living.

6. Please provide details of travel outside your country of current residence within the last two years.

(We may ask for a full copy of your passport in support of this information.)

Country	City/Region	Reason for visit(s) (e.g. visit family, holiday, business trip, etc.).	Number of visits per year	Duration per visit

7. Please provide details of future intentions of travel outside your current country of residence.

Country	City/Region	Reason for visit(s)	Number of visits per year	Expected duration per visit

If there is insufficient space to complete questions 6 or 7, please continue on a separate sheet of paper and attach to this form.

8. If you work, intend to work or undertake duties associated with your work outside your current country of residence, please provide a full description of the nature of your employment and the duties you perform.

9. If you intend to travel outside your current country of residence, will you travel outside the major urban areas?

Yes No

If 'Yes', please provide details of area/regions, accommodation, means of travel, availability of medical facilities.

10. Please describe the security measures taken when you travel in another country outside of your current country of residence (e.g. armed guards, travel in armed protective convoys, etc.).

11. Have you ever encountered any hostility or been subjected to any criminal activity whilst travelling to any of the destinations you have mentioned under questions 6 and 7 (e.g. kidnap attempt, armed robbery, assault, etc.).

Yes No

If 'Yes', please provide details.

Supplementary questions (continued)

12. Do you carry a firearm whilst travelling?

Yes No

If 'Yes', please provide details.

13. Is there any other information about either your travel or your residence that might be relevant to the assessment of your application?

Yes No

If 'Yes', please provide details.

Thank you for completing this questionnaire, please return it with your application.

3 Declaration

I/We declare that the answers given previously, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief. I/We agree that this form, in conjunction with the application and other documents and information provided, will constitute part of the application and that failure to disclose any material fact known to me/us may constitute grounds for rejection of a claim or repudiation of the contract.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of life to be insured

Signature of policy owner (if different to life to be insured)

Print name

Print name

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

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