

Colonial Life Insurance Company (Trinidad) Limited

FOREIGN TRAVEL QUESTIONNAIRE

Name _____

Policy No: _____

Do you intend to travel or reside outside of Trinidad and Tobago for more than one month?

YES

NO

If yes please answer the following questions: _____

1. Status Trinidad Citizen? Landed Immigrant? Other?

If not born in Trinidad: Date of arrival? _____

2. Employer: _____

Occupation: _____

3. Travel destinations (country, city): _____

4. Dates of travel: _____

5. Lengths of stay at each destination: _____

6. Purpose of travel (i.e. Visit family/friends? Business? Details of duties/activities)

7. Accommodation: Hotel Private Home Other

Details: _____

8. Type of transportation to be used:

a) To/from your destination: _____

b) During your stay: _____

9. Do you plan to travel outside major urban centers? Yes No

If yes, provide details: _____

10. Are you likely to travel elsewhere in the near future? Yes No

If yes, provide details: _____

11. Please provide details of all travel outside of North America, Western Europe, Australia or

New Zealand during the past two years (including dates& places): _____

I declare that the above statements and answers are complete and true and shall form part of the application for Life Insurance to Colonial Life Insurance Company (Trinidad) Limited.

Signed at _____ this _____ day of _____ 2007

Witness _____ Signature of proposed Insured _____