

FOREIGN TRAVEL AND RESIDENCE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Have you travelled, resided, or worked outside North America in the past 12 months or have any plans to do so in the next 12 months? Please state date(s) of visit(s), countries, regions, reason for visit(s), frequency and duration of visit(s):

a) Within the last 12 months Yes No

Date(s) of visits (dd/mmm/yyyy)	Countries	Regions	Reason for visit(s)	Frequency	Duration of visit(s)

b) Within the next 12 months Yes No

Date(s) of visits (dd/mmm/yyyy)	Countries	Regions	Reason for visit(s)	Frequency	Duration of visit(s)

2. Please give a brief description of your duties while travelling or residing abroad:

3. Do you expect to visit non-urban areas? Yes No If "Yes", please give details of:

a) Your likely accommodation _____

b) The availability of medical facilities _____

c) Your travel arrangements (e.g., light aircraft, boat etc.) _____

4. Would you consider travelling to war zones or hazardous areas? Yes No If "Yes", please give details.

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X