



## Residential and Foreign Travel Questionnaire

Full name: Proposal Number: Date of Birth: Occupation:
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**Please answer each question and where appropriate provide particulars.**

1. Do you presently or might you reside or travel outside the territories of the European Union?  If yes, please provide full details of which countries you will be visiting and the number and duration of trips anticipated each year.
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2. Please provide full details of your activities whilst abroad
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3. Does your travel or residence involve visiting or residing in protected or guarded accommodation? If yes, please give full details.
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4. Please indicate whether you will be staying in urban or non-urban areas
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5. Have you taken or been advised to take any special precautions to protect your welfare and/or personal security?
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I declare that the answers I have given are to the best of my knowledge true and that I have not withheld any material information that may influence the assessment or acceptance of the proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

\_\_\_\_\_  
Date and signature of the person to be assured

**Please return this form to; Lutine Assurance Services Ltd, 154 Great Charles Street, Birmingham, B3 3HN.  
Tel 0121 200 1919, Fax 0121 200 1921**

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