

For customers

Foreign travel questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

1. Insured person's details

Policy/Reference number

Surname

Title

Mr / Mrs / Miss / Ms / Other – please specify

Date of birth (dd/mm/yyyy)

Full forename(s)

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

2. Travel questions

2.1 In the next 12 months do you intend to live, work or travel abroad?

No – go to 2.2

Yes – give full details in the table below

You don't have to tell us about holidays if they total less than 30 days in any 12 month period.

Country and exact location(s) – include exact regions, cities and towns visited	Length of visit:		Reason for visit (for example holiday, business, other duties/ intended activities)	Any special security or travel arrangements or non-urban/hazardous areas, war zones
	days each trip	number of trips		

2. Travel questions – continued

2.2 In the last five years have you lived, worked or travelled abroad?

No – go to section 3

Yes – give full details in the table below

You don't have to tell us about holidays if they total less than 30 days in any 12 month period.

Past travel/residence (last five years)

Country and exact location(s) – include exact regions, cities and towns visited	Number of days spent each year in last five years

3. Declaration

I acknowledge this questionnaire forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. If the statements aren't true and complete and/or I don't tell Aegon about any changes before the policy starts, then it **might result in loss or cancellation of the protection**. I confirm that I've read over any answers that I didn't fill in and they're correct.

Date (dd/mm/yyyy)

Signature

X	X
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