

Travel Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
 Client Name: _____ Date of Birth: _____ Sex: Male / Female
 Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
 Type of Insurance: Universal Life Whole Life Survivorship Term (# of years)

1. Where was the proposed insured's place of birth? _____
2. What is the proposed insured's citizenship? _____
3. Name the foreign location(s) that the proposed insured plans to visit and the duration(s)?

City	Country	Date Leaving	Date returning

4. What is the purpose of the travel? _____

5. Additional comments: _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.