



Foreign Travel Questionnaire for Individual Life Insurance
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

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Mailing Address:
Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408
Business: (866) 490-3163



Name: _____ Date of Birth: _____ File #: _____

1. Please complete the following regarding any travel outside of the U.S. or Canada planned or expected within the next 2 years.

Table with 5 columns: Date(s) of Visit(s), Countries, Regions, Reason for Visit(s), Duration of Visit(s)

2. Will you travel outside of major cities? Yes No

If Yes, provide details: _____

3. Accommodations:

Hotel Private Home Other (details) _____

4. Do you currently own a business, or intend to own a business within the next 2 years, outside of the U.S. or Canada? Yes No

If Yes, provide location and type of business: _____

5. Do you currently own a residence, or intend to own a residence within the next 2 years, outside of the U.S. or Canada? Yes No

If Yes, provide location: _____

To the best of my knowledge and belief, I declare that the above information is true and complete and form part of the application which shall be attached to and made part of any policy issued.

Proposed Insured's Signature

Date

For any question that requires additional detail, please use the back of this questionnaire; you may attach an additional sheet of paper if necessary.