

Travel Questionnaire

Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

To be completed and signed by the Applicant

Application No.

Confidential Information

Full Name

Date of Birth

1. Does your job involve carrying valuables worth more than USD 50,000:

Yes No

If 'yes', state: Nature of Valuables
 Worth
 Frequency

2. a) Travel history in the past 12 months. Provide complete details for each trip.

Destination		Purpose of trip	No. of Trips	Average Length of Stay for each Trip
Country	City/Town			
Country	City/Town			
Country	City/Town			
Country	City/Town			
Country	City/Town			

b) Anticipated travel in the next 12 months. Provide complete details for each trip.

Destination		Purpose of trip	No. of Trips	Average Length of Stay for each Trip
Country	City/Town			
Country	City/Town			
Country	City/Town			
Country	City/Town			
Country	City/Town			

3. Political affiliation

4. Medical history

5. Additional comments/information

Declaration: The above disclosures are made for the purpose of establishing insurability in connection with the Life/Personal Accident Insurance Application number mentioned above. They are furnished as true and accurate statements. I understand that these disclosures form part of the Contract and that incorrect information or failure to disclose any material fact may invalidate the contract.

I understand that Coverage and/or Payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.

I also understand that the Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction under any applicable laws.

(In own handwriting)

Name of the Applicant

X

Signature

Signature of Applicant

Date

Mail Request to: American Life Insurance Company (MetLife), P.O. Box 371916, Dubai, U.A.E.

UND Department: Tel +971 (4) 415 4555, Fax +971 (4) 415 4445

E-mail: ibo_distribution_servicedesk@metlife.ae

American Life Insurance Company is a MetLife, Inc. Company