

- Life Investors Insurance Company of America     Stonebridge Life Insurance Company  
 Monumental Life Insurance Company     Transamerica Life Insurance Company  
 Peoples Benefit Life Insurance Company     Western Reserve Life Assurance Co. of Ohio

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

Supplement to Application dated \_\_\_\_\_

### Foreign Travel Questionnaire

|   |               |
|---|---------------|
| Name of Proposed Insured  | Date of Birth |
| To what foreign country or (or countries) do you intend to travel?  |               |
| How long do you plan to remain?   |               |
| For what purpose is the trip made?  |               |
| Will you be located in one or more of the larger cities, or will you travel about the country?  |               |
| Have you traveled abroad before? <i>(check one)</i> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> |               |
| If so, when and to what countries?  |               |

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Agent