

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

P.O. Box 830619
Birmingham, AL 35283-0619

FOREIGN TRAVEL AND RESIDENCE SUPPLEMENT

1. Proposed Insured (Please print)		Date of Birth	Policy #
2. Of what country are you a citizen?	3. If not a U.S. citizen, what type of visa and expiration date?		
4. How long have you resided in the U.S.?			
5. Do you plan to <u>reside</u> outside the U.S. or Canada in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state dates, locations, including cities and countries, frequency and length of stay.			
6. Do you plan to <u>travel</u> outside the U.S. or Canada in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state dates, locations, including cities and countries, frequency and length of stay.			
7. For what purpose is this foreign travel or residence? Please give a brief description of your duties while traveling or residing abroad.			
8. Do you expect to visit non-urban areas? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details of: a. Your likely accommodations _____ b. The availability of medical facilities _____			
9. Would you consider traveling to war zones? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details.			
10. Do you anticipate flying other than as a passenger on regularly scheduled commercial airlines? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give full details.			
11. Additional details and comments:			
I represent that the answers I have given are true to the best of my knowledge and belief and that all material information that may influence the assessment or acceptance of this application has been provided. It is agreed that all statements and answers made on this form shall be attached to and made part of the application.			
Signed at _____ City State		Date _____	
Witness _____		Proposed Insured _____	