



Independent Representative's Name: _____ Code(s): _____

Current AGA/MGA: _____

The Applicant is requesting to Transfer to: _____

Does the Applicant have a debt with its current AGA/MGA? Yes No

If yes, state the amount of the debt:\$ _____

Current address:

Street: _____
Apt: _____ City: _____
Province: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail Address: _____

Insurance Companies

List the 5 insurance companies with which the Applicant placed the most policies in the last 5 years. Indicate the lines of business for each company by a checkmark under the corresponding product.

Table with 5 columns: Company Name, Is the Applicant currently contracted? (Yes/No), Number of Yrs., Types of products sold (Life, Accident & Sickness, Mutual Funds), and Persistency for Life Products (%).

If the Applicant answers "yes" to any of the following questions, a full explanation must be provided by the Applicant on a separate page and attached to this Application.

- a) Has the Applicant ever been under any legal order to make monetary payments to another person or business entity?
b) Has the Applicant ever had its wages/remuneration garnished?
c) Is the Applicant currently indebted to any insurer, MGA or other financial services company?

If yes, specify name of creditor, anticipated duration of debt, existing amount, when debt commenced, repayment schedule, conditions for repayment.

- d)** Has the Applicant ever been declared bankrupt, made a voluntary assignment into bankruptcy, made a consumer proposal under any legislation relating to bankruptcy or insolvency, or is the Applicant currently an undischarged bankrupt or conditionally discharged bankrupt? Yes No

If yes, include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, Proposal, Discharge, and an explanation as to the circumstances.

- e)** Has the Applicant ever been a controlling shareholder or an officer of a corporation which was declared bankrupt, made a voluntary assignment in bankruptcy, placed in receivership, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently an undischarged or conditionally discharged bankrupt? Yes No

If yes, include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, Proposal, Discharge, and an explanation as to the circumstances.

- f)** Has any partnership or corporation which the Applicant was at the time of such event a partner, officer, director or a controlling shareholder, ever plead guilty or been found guilty of an offense under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject of such charges? Yes No

- g)** Has the Applicant ever plead guilty or been found guilty of an offense under any law of any federal statute or law of any province, territory, state or country, for which it have not been pardoned or is the Applicant currently the subject of any such charges? Yes No

Some examples of these offenses are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. The Applicant is not required to disclose minor traffic infractions such as speeding or parking violations.

- h)** Has the Applicant ever been refused registration, or a license under any legislation which required registration, or a license to deal with the public in any capacity (e.g. insurance representative, home and auto broker, mutual funds representative, securities dealer, motor vehicle dealer) in any province, territory, state or country, or has the Applicant held such a license and been the subject of disciplinary proceedings? Yes No

If yes, provide details including penalties imposed.

- i)** Has the Applicant ever been reported to a financial services regulator resulting in disciplinary measures? Yes No

If yes, provide details including penalties imposed.

- j)** Has the Applicant ever been terminated or resigned, or had any contracts cancelled which it held with any financial services company because it was accused of violating insurance or investment related statutes, regulations, rules or industry standards of business conduct? Yes No

- k)** Are there any pending client complaints or any events which may result in a claim against the Applicant, either from a provincial regulator, another Carrier, or a client directly? Yes No

- l)** Is the Applicant currently, or is there any reason to believe that in the future it will be, under any legal restriction or impediment, which would prevent the Applicant from lawfully carrying on the business of insurance representative? Yes No

DECLARATIONS

The Applicant, which includes its directors or principals if applicable (the Applicant), expressly declares that the information provided in this Request for Transfer is complete and accurate in every respect as of the date of signing.

The Applicant agrees to notify and provide updated information to RBC Life Insurance Company (RBC Insurance) within 10 business days, should there be any change in the information provided to RBC Insurance or the ability of the Applicant or of its principal (if corporate) to legally sell life insurance and/or accident and sickness insurance.

The Applicant understands that a false statement or material omission including failure to provide updated information may disqualify this Request to Transfer from consideration for a transfer or it may result in the subsequent termination for cause of the Applicant's Agreement with RBC Insurance and may cause RBC Insurance to report the Applicant and its principals to an insurance regulator.

The Applicant agrees that RBC Insurance has authorization to verify background information using independent sources concerning credit records, business records, criminal convictions, and any other information relevant to this Request to Transfer with RBC Insurance.

The Applicant agrees to uphold the 10 principles of the RBC Insurance Privacy Policy which can be found in the "Privacy" link on www.rbcinsurance.com

Complete if the Applicant is an Individual or if this Request to Transfer form was completed to provide information regarding principals of an applicant that is a Corporation or Partnership.

Applicant's / Principal's Name: _____
Print

Applicant's / Principal's Signature: _____ Date: _____

Complete if the applicant is a Corporation or Partnership and this is its Application.

Authorized Signing Officer: _____
Print

Authorized Signing Officer's Signature: _____ Date: _____

Endorsement

I have interviewed the above named and am not aware of anything which precludes me from reasonably recommending this individual or Corporation to RBC Insurance and I endorse this Application and any resulting agreement.

Print name of Associate General Agent (AGA) or Managing General Agent (MGA) Agency

Signature of AGA or MGA (if there is no AGA) or RBC Representative

Date

Print

Title

IMPORTANT – enclose a copy of your E&O certificate and all applicable licenses.



CONSENT AND AUTHORIZATION

To Whom It May Concern:

I have applied to RBC Life Insurance Company (RBC Insurance) for sponsorship/renewal of sponsorship of my license(s); and/or for an Agreement; or for a Request to Transfer; or submitting any updated information for me or for a partnership or corporation of which I am a principal, to distribute insurance products as a representative for RBC Insurance or there is currently such an Agreement in place. Part of the Application process and the ongoing performance review is an investigation both of my personal background and, if applicable, the background of the corporate applicant by RBC Insurance and/or its authorized agents.

I hereby authorize and direct you to release to RBC Insurance and its authorized agents information contained in your files concerning me, if applicable the corporate Applicant, my employment, my business records, my education record, my credit record and/or any other information relevant to an agreement to distribute insurance.

On behalf of myself and, if applicable, the corporate Applicant, I specifically authorize RBC Insurance and its authorized agents to:

- Obtain a criminal activity clearance report from any police agency or government; information concerning certificates, licenses and registrations; any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations;
- Obtain records of criminal convictions for which a pardon has not been granted, and conditional and absolute discharges which have not been removed from the CPIC (Canadian Police Information Centre) system in accordance with the Criminal Records Act;
- Obtain prohibited personal information; which is information relating to persons against whom an order of prohibition is in effect with respect to firearms, liquor, driving, hunting, etc.;
- Exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, including all personal information which could be collected through verification of my Application for an Agreement and ongoing performance.

I acknowledge that records and/or information located and/or disclosed by authorized agents of RBC Insurance and its affiliates/police services may or may not pertain to me. Positive identification can only be confirmed through the comparison of fingerprints, which must be submitted by me. This final stage may be required in certain circumstances.

I understand that RBC Insurance will establish a file concerning the Application or Agreement and subsequent performance and that personal information contained in this file will be used by the employees of RBC Insurance as required to administer the Application or Agreement. I understand a file will be kept in the offices of RBC Insurance. I may consult the personal information contained in this file and, if applicable, have it rectified.

RBC Insurance may, from time to time, retain the services of third parties to assist in administering the Application or Agreement ("Third Party Administrators"). I understand and consent to RBC Insurance disclosing personal information to Third Party Administrators. I understand that Third Party Administrators will only use my personal information for the purposes of providing services to RBC Insurance and for no other purpose.

Upon request to any professional registry established by the industry and holding information about me, I shall be informed of the existence, use and disclosure of personal information and I shall be given access to that information for purposes of accuracy and completeness.

I further authorize RBC Insurance to use my social insurance number and other personal information for Income Tax purposes and /or for the investigations set out in this section.

I agree to release and hold RBC Insurance and its authorized agents harmless from any and all liability that may result from any part of the Application and its background checking processes set out herein.

These authorizations shall be valid until revoked in writing.

A photocopy of this consent has the same value as the original.

Complete if the Applicant is an Individual or if this application form was completed to provide information regarding principals of an Applicant who is a Corporation or Partnership.

Applicant's Name: _____
Print

If Applicant is a Corporation,
Principal Name: _____
Print

Applicant's / Principal's Signature: _____ Date: _____