



Must be the natural or adopted child of a Life Insured named in the Life Insurance Application.

- RBC Life Insurance Company (RBC Life) recommends the appointment of a Contingent Owner if the Proposed Insured is also the Proposed Owner.
• All children must be between 14 days and 20 years of age.
• Any child age 16 or over, or age 18 or over in Quebec, must sign the application.
• The beneficiary for this benefit will be the Proposed Insured or Proposed Joint Insureds under the policy.

Supplement to Policy Number (if known) or Application number _____

Benefit Amount \$ _____

Children's Names

Form for children's names with fields for (a), (b), and (c). Each child's section includes: First Name, Middle Name, Last Name, Gender (Female/Male), Date of Birth, Age as of Nearest Birthday, Height (cm/ft/in), Weight (kg/lb), Relationship to Proposed Insured(s), and Relationship to Proposed Owner.

Children's Medical History

- 1. Has any insurance application on any child been declined, postponed or modified in any way?
2. Do any of the children have any physical or mental impairment or have they had any illness, impairment or injury that has required treatment or an operation?
3. Are any of the children currently on medication or has any treatment or diagnostic test been advised that has not been completed?
4. Do all of the above children reside with the Proposed Insured? If no, provide details below about who the child lives with and how often the Proposed Insured sees the child.
5. What was the reason for, the date of and the result of the child's last visit to a health care professional? Please answer below and include health care professional's name, professional designation, address, postal code and phone number.

Table with 3 columns: Child, Question #, and Details. It is a grid for providing specific details for each child's medical history.

Children's Term Rider Declarations and Authorizations

I certify that to the best of my knowledge the answers given are full, complete and true and agree that they shall form part of my Life Insurance Application to RBC Life.

I understand and authorize the Company (RBC Life Insurance Company and its reinsurers) to conduct such investigation as is necessary and to gather personal information concerning me and/or my child (as named on the Application for Children's Term Rider attached hereto). I understand that the Company will create and maintain files, which contain personal information concerning me and/or my child. I also understand that access to personal information concerning me and/or my child will be limited to the employees of, and other persons engaged by, the Company in performance of their duties, or the persons to whom I have granted access, in writing, or to any other person authorized by law.

I further understand that, except when the Company can and does lawfully restrict my access to personal information concerning me and/or my child, I will be permitted to review copies of documents containing said personal information in the possession of the Company, upon paying reasonable copying charges. I further understand that I will be permitted to request access to such documentation and to have any errors in the personal information noted and corrected by formulating a written request to the Company mailed to the employee who is handling my Application.

I authorize and direct the persons, institutions and organizations listed below to disclose and provide to the Company any information, records or other data regarding me and/or my child, my and/or my child's medical history or treatment, or my and/or my child's past and present income or employment that is relevant to this Application, which they have in their possession or control.

Persons to whom this Authorization applies: Any licensed physician, nurse, counselor, psychologist, social worker, therapist, pharmacist, physiotherapist, chiropractor, or other rehabilitation professional or other health care practitioner; and also any hospital, clinic, pharmacy, or other medical facility or provider of health care or treatment; and also the provincial health insurance plan, any insurance or reinsurance company or other financial institution; and also my and/or my child's employer or former employers; and also any federal or provincial government department or organization, including the federal or provincial income tax authorities and provincial motor vehicle divisions; and also the MIB, Inc.; and also to any other person, agency, credit bureau or institution having information, records or data regarding me and/or my child.

I understand that any information, records or data received by the Company pursuant to this authorization, both medical and non-medical, will be used for the assessment of insurance risk for underwriting purposes and for the purpose of evaluating any claim for benefits or to assess the validity of the policy as issued.

To the extent reasonably necessary for those purposes, I authorize the Company to disclose any of the said information, records or data received: to the MIB Inc., and to other insurance companies or any reinsurer.

This authorization is valid until revoked by me in writing.

A photocopy of this authorization, as executed by me, will be as valid as the original.

Dated at _____ this _____ day of _____ Year _____
City/Province

Signature of parent/guardian*

Signature of parent/guardian*

Signature of any child age 16 or over, or age 18 or over in Quebec

Signature of any child age 16 or over, or age 18 or over in Quebec.

Signature of Owner (if other than parent/guardian)

Signature of Joint Owner (if any)

Signature of Witness

Name of Witness (please print)

*In Quebec, both parents/guardians must sign unless one parent/guardian has given the other a specific mandate to act unilaterally on the child's behalf.

THE FOLLOWING PAGES ARE TO BE LEFT WITH THE POLICY OWNER

Notice regarding the MIB, Inc.

Information regarding your insurability will be treated as confidential. RBC Life Insurance Company or its reinsurers may, however, make a brief report to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction. The address of MIB's information office is: MIB, Inc., 330 University Avenue, Toronto, Ontario, CANADA M5G 1R7 Telephone: (416) 597 - 0590. Web site: <http://www.mib.com>

RBC Life Insurance Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

COLLECTION AND USE OF PERSONAL INFORMATION

Collecting your personal information

We (RBC Life Insurance Company) may from time to time collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information related to or arising from your relationship with and through us;
- information you provide through the application and claim process for any of our insurance products and services; and
- information for the provision of products and services.

We may collect information from you, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the MIB, Inc., the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your employer.

Using your personal information

This information may be used from time to time for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk and manage claims;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, Inc. and financial institutions.

We may also use this information and share it with RBC[®] companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know your choices under "*Other uses of your personal information*" for the sole purpose of honouring your choices.

If we have your social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.

Please note that this paragraph is not applicable if this form is submitted by an independent representative or a representative that is attached to a firm other than RBC Insurance®.

Other uses of your personal information

- We may use this information to promote our products and services, and promote products and services of third parties we select, which may be of interest to you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided.
- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and RBC companies may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing they may advise us of those products or services provided.
- If you also deal with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage your relationship with RBC companies and our business.

You understand that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

You may choose not to have this information shared or used for any of these “Other uses” by contacting us as set out below, and in this event, you will not be refused insurance products or services just for that reason. We will never use or share your health information for these purposes. We will respect your choices and, as mentioned above, we may share your choices with RBC companies for the sole purpose of honouring your choices regarding “Other uses of your personal information”.

Your right to access your personal information

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in “Other uses of your personal information” you may do so now or at any time in the future by contacting us at:

RBC Life Insurance Company
P.O. Box 515, Station A,
Mississauga, Ontario
L5A 4M3
Telephone: 1-800-663-0417
Facsimile: (905) 813-4816

Our privacy policies

You may obtain more information about our privacy policies by asking for a copy of our “Straight Talk[®]” brochure about privacy, by calling us at the toll free number shown above or by visiting our web site at www.rbc.com/privacy

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