

Life Insurance Application

(for use with telephone interview)

IMPORTANT GUIDELINES

- This application is for Term 10, Term 20, Term 100 and Universal Life Insurance, and available benefits and riders.
- DO NOT use for Critical Illness, Disability or Long Term Care.
- Print legibly in blue or black ink.
- DO NOT make erasures or use liquid paper. DO NOT use ditto marks. Stroke out an error and have the applicant initial it. The application is a legal document forming part of the policy contract.
- Money may only be collected at the time of application completion or upon delivery of the policy. The application, Temporary Insurance Agreement receipt and any payment must all be dated with the same date.
- If applying for joint coverage (first or last to die), term riders and/or a payor waiver (on a different insured than the one in this application), use a separate application for each insured and cross reference the applications to each other.
- The minimum legal age is 16 years except in Quebec where it is 18 years.
- Applicants must understand English or French in order to conduct the tele-interview.
- Applicants who do not understand English or French can apply by completing our full life application and submitting it with a signed "Statement of Understanding".
- Automatic age and amount medical requirements (if applicable) will be ordered by RBC Life Head Office. Please do not order these directly.

Making an informed decision

If you want more information about the insurance coverage you are considering, you can view a sample policy at www.rbcinsurance.com/samplepolicy

Your insurance advisor can answer any questions you may have.

Insurance





1. Proposed Insured

PART 1 (Please print)

Mr [] Mrs [] Ms [] Other (Specify) [] _____ Female [] Male [] Smoker [] Non-Smoker []
First Name _____ Middle Name _____
Last Name _____ Former Name (if any) _____
Date of Birth (dd/mm/yy) _____ Country of Birth _____ Age as of Nearest Birthday _____
Do you understand English or French? Yes [] No [] (If no, the tele-application process is not available)
Canadian Citizen [] Permanent Resident (landed immigrant) [] Other (specify) [] _____
How long have you resided in Canada? _____ Language of Policy: English [] French []
Home Address: Apt No. _____ Street _____ City _____
Province _____ Postal Code _____ Phone Number _____
Employer Name _____ Address _____
Phone Number _____ Nature of Business _____
How long with this employer? _____ Current Occupation and Duties _____

2. Contact Information

The most convenient time for a telephone interview (Monday – Saturday) is _____ a.m. [] p.m. []
I may be contacted at the following telephone numbers: Residence [] Business [] Cell [] Provide number: _____

3. Proposed Owner (if different than Proposed Insured)

Mr [] Mrs [] Ms [] Other (specify) [] _____ First or Company Name _____
Middle Name _____ Last Name _____
Relationship to Proposed Insured _____
Mailing Address (for billing and correspondence): Street _____
City _____ Province _____ Postal Code _____
Attention _____

4. Joint Proposed Owner (if any)

Mr [] Mrs [] Ms [] Other (specify) [] _____ First or Company Name _____
Middle Name _____ Last Name _____
Relationship to Proposed Insured _____
Relationship to Other Joint Owner _____
Mailing Address (for billings and correspondence): Street _____
City _____ Province _____ Postal Code _____
Attention _____

Joint Ownership is to be with right to survivorship unless otherwise indicated. (In Quebec, please name one another as Contingent Owners if right to survivorship is desired.)

5. Contingent Owner

Must be completed if purchasing Children's Term Rider.

If all Owners predecease the Proposed Insured, in the absence of a Contingent Owner, ownership passes to the estate of the last surviving Owner.

Mr Mrs Ms Other (specify) _____ First or Company Name _____

Middle Name _____ Last Name _____

Relationship to Proposed Insured _____

6. Beneficiary

All beneficiaries are revocable unless otherwise stated, except in Quebec, where the designation of a legally married spouse of the Owner is irrevocable, unless expressly stated to be revocable. An irrevocable beneficiary cannot be changed without the written consent of the designated irrevocable beneficiary. In all provinces, except Quebec, if the beneficiary is a minor, a trustee should be named in order to avoid a payment into court. Complete the Appointment of Trustee form on page 14. In Quebec, benefits payable to minors are payable to the surviving parent(s) as tutor(s).

If naming a minor as an irrevocable beneficiary, you should be aware that the consent of an irrevocable beneficiary is required for any change that impacts the value of the policy, and a minor cannot give that consent.

If all beneficiaries predecease the Proposed Insured, the proceeds are payable to the contingent beneficiary, if any, otherwise to the Owner or the Owner's Estate.

Ensure total shares of both the primary and contingent beneficiaries equal 100% respectively.

(First)	Full Name of Beneficiary (Middle) (Last)		Revocable or Irrevocable	Relationship to Proposed Insured (Proposed Owner in Quebec)	Primary or Contingent	% Share

7. Existing Insurance

Do you have insurance in force or pending on your life? Yes No If yes, complete the chart below.

Complete Disclosure forms (Prior Notice of Replacement Forms in Quebec) where necessary.

1.

Year Issued	Company	Amount of Life Insurance including Term Riders			Other Types of Insurance (e.g. Accidental Death, Critical Illness, Disability, Long Term Care)	Is the insurance applied for intended to replace any insurance now in force with any company?	
		Personal	Business	Group		Yes	No

2. **Conversion:** Existing Policy Number _____ Full conversion? Partial conversion?

Balance of Partial Conversion: Retain? (Must meet plan minimum) Cancel?

Conversion Details (amount and plan type) _____

8. Main Purpose of Insurance

Personal Please specify as many as apply:

1. Protect family or business from financial hardship
2. Insure children
3. Intergenerational wealth transfer or sharing
4. Provide for debt and tax repayment on death
5. Protect assets from creditors
6. Enhance tax-deferred savings and/or retirement income
7. Enhance or protect estate
8. Policy loan
9. Provide collateral for a mortgage or bank loan
10. Fund charitable giving

Business Please specify as many as apply:

1. Protect key personnel
2. Protect business loan
3. Fund buy-sell agreement
4. Policy loan
5. Provide collateral for a bank loan
6. Fund charitable giving
7. Business succession
8. Maximize the capital dividend account

Other Please explain: _____

9. Financial Information

	Proposed Insured
1. What is your annual earned income from employment in Canadian dollars?	\$
2. What is your annual income in Canadian dollars from other sources?	\$
3. What is your estimated net worth in Canadian dollars?	\$
4. Amount of mortgage outstanding on personal residence and/or cottage?	\$
5. If not self supporting, what is the annual gross amount of the family earned income?	\$

If applying for business insurance, complete the following:

6. Book Value of Business in Canadian Dollars	\$
7. Fair Market Value of Business in Canadian Dollars	\$
8. Before Tax Net Annual Income of Business in Canadian Dollars	\$

9. Please complete the following:

Name of Principals	% of Business Owned	Amount of Life Insurance in Force or Pending	Insurance Company

Complete the following if any Proposed Insured is under age 16 (under age 18 in Quebec):

10. Amount of Insurance on the Father \$ _____ or None (If none, please explain below)
11. Amount of Insurance on the Mother \$ _____ or None (If none, please explain below)
12. Are all other children in the family insured? Yes No (If no, please explain below)
13. Amount of Insurance on Other Siblings \$ _____
14. Source of Premium: Parent(s) Other (specify) _____
15. With whom is the child living? _____
16. How many children are in the family? _____

Please provide details to questions 10 to 13 below as applicable:

Question #	Details

10. Coverage Applied for

Joint plans with more than two lives to be insured are available by special quote only. If more than two joint lives, please submit a separate application form for each Proposed Insured not covered by this application and cross reference them to each other.

1. Amount of Life Insurance Coverage on the Base Plan \$ _____

2. Insurance Plan and Coverage Option for the Base Plan:

	Term 10	Term 20			
Single Life	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px;"> <p>RBC YourTerm®</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>years</p> <p>(10-40)</p> </div>
Joint First-to-Die	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Requires Separate Application

3. Name(s) of Person(s) To Be Insured Under the Base Plan		Total Disability Waiver		Accidental Death Benefit
a.	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
b.	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
c.	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
d.	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____
e.	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____

4. Term Rider 1:

	Term 10*	Term 20*			
Single Life	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px;"> <p>RBC YourTerm Face Amount \$ _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>years</p> <p>(10-40)</p> </div>
Joint First-to-Die	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Face Amount	\$ _____	\$ _____			

Name(s) of Person(s) To Be Insured Under This Term Rider Coverage

Application No.

a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

Term Rider 2:

	Term 10*	Term 20*			
Single Life	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px;"> <p>RBC YourTerm Face Amount \$ _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>years</p> <p>(10-40)</p> </div>
Joint First-to-Die	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Face Amount	\$ _____	\$ _____			

Name(s) of Person(s) To Be Insured Under This Term Rider Coverage

Application No.

a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

5. Payor Waiver: Name of Payor _____ Application No. _____
 Relationship to Proposed Owner(s) _____

6. Children's Term Rider **▶▶ Please complete the Application for Children's Term Rider on pages 12 and 13.**

Face Amount for Each Insured Child \$ _____

11. RBC Universal Life Options

Signed Illustration Attached

Special Quote Attached from RBC Life Actuarial Support

1. Death Benefit and Cost of Insurance Options:

Level Death Benefit with Annually Increasing Cost of Insurance Increasing Death Benefit with Annually Increasing Cost of Insurance Increasing Death Benefit with Level Cost of Insurance

2. Tax Exemption Maintenance Options (Automatic Coverage Amount Increases will apply if you do not specify another option):

Automatic Coverage Amount Increases No Coverage Amount Increases Wealth Accumulation Option

3. If you have chosen the Wealth Accumulation Option, please indicate how you want us to manage Coverage Amount decreases:

- (a) Do not decrease the coverage amount until policy year _____. Please note: Decreases will not be processed before the end of policy year 5 or the end of your planned premium paying period.
- (b) In any policy year, do not decrease the coverage amount by more than the maximum decrease allowable or _____%.
- (c) Stop decreases when the coverage amount reaches \$ _____.

4. If you have chosen Joint Last-to-Die Coverage:

- (a) Do you want an Early Death Benefit paid from the policy's Accumulation Value when the first Life Insured dies? Yes No
If yes, please complete the following:
- (b) How much of the policy's Accumulation Value would you like us to pay? The maximum allowable benefit or _____%
- (c) Early Death Benefit Beneficiary: The surviving Joint Life Insured(s) under the base plan or

(First)	Full Name of Beneficiary (Middle)	(Last)	Revocable or Irrevocable	Relationship to Proposed Insured (Proposed Owner in Quebec)	% Share

In Quebec, the designation of a legally married spouse is irrevocable unless expressly stated to be revocable.

In all provinces except Quebec, if a minor is named, a trustee should be named in order to avoid a payment into court. Complete the Appointment of Trustee form on page 14. In Quebec, benefits payable to minors are payable to the surviving parent(s) as tutors(s).

5. Additional Information Required for Universal Life Applications:

- 1. The illustration for Universal Life insurance must be dated and signed by all applicants and the advisor and submitted with the application.
- 2. Complete the "Confirmation of Identity Supplement" on page 15.
- 3. Complete the "Premium Allocation" form on page 17. If a premium allocation is not elected, we will automatically allocate the premium to the Daily Interest Option.
- 4. If a "Sales Solution" was presented, note this in the Representative's Report on page 19 and include a copy with the application.

12. Personal Information

Has the Proposed Insured ever had any life or health insurance application, insurance policy, or any change or reinstatement application declined, issued at rates higher than the standard, postponed, cancelled, rescinded or modified in any way?

Yes No If yes, please provide details below:

13. Premium Payment

1. Initial Planned Premium \$ _____
2. For Universal Life Only: Additional one-time premium of \$ _____ is enclosed.
3. Method of Payment: Annual Billing by Premium Notice or Monthly Pre-Authorized Debit (PAD) (Complete the form on page 11)
4. Monthly Temporary Life Insurance Agreement (TIA) premium to be withdrawn by PAD? Yes No
5. TIA premium collected for life insurance? Yes No If yes, please indicate amount collected: \$ _____
6. If TIA has not been applied for, is the initial life insurance premium to be withdrawn by PAD? Yes No
7. **Important note for Universal Life applications where PAD has been selected as the method of payment:**

To minimize the risk of default due to insufficient funding or investment returns, you may be required to pay an additional Minimum Premium if your monthly withdrawal date does not correspond to your Policy Date. Would you like us to:

- Set the Policy Date to match the withdrawal date specified in the PAD form on page 11; or
- Set the withdrawal date on the Policy Date determined by RBC Life Insurance Company; or
- Use the withdrawal date specified in the PAD form on page 11 and not adjust the Policy Date? I recognize that I may be required to pay an additional premium if the PAD withdrawal is insufficient; or that the policy may go into default if the PAD withdrawal is insufficient.

Declarations, Agreements and Consents

The Proposed Owner and the Proposed Insured, if other than the Proposed Owner, declare to the best of their knowledge that all statements and answers in all parts of this application and in any supplement to this application are full, complete and true, and agree that:

1. RBC Life Insurance Company (RBC Life) has 90 days to consider and act upon this application from the date the application was signed. If RBC Life has not given notice of approval or rejection within that time, this application shall be considered to be null and void.
2. Insurance under the policy shall take effect only when:
 - (a) the application has been accepted without modification by RBC Life (applies in the Province of Quebec only), or in all other provinces (and in Quebec if the application is accepted with modifications), a policy tendered for delivery is accepted by the Proposed Owner; and
 - (b) any and all conditions for the delivery of the policy to the Proposed Owner have been satisfied completely, including but not limited to, our receipt and approval of all amendments, addendums and exclusions required for the policy to take effect, signed by you within the period provided by us; and
 - (c) the full initial premium has been paid; and
 - (d) provided no change in insurability of any Proposed Insured has taken place between the time of application and delivery. I will immediately advise RBC Life, in writing, of any changes in the answers to the questions in this application and the answers to any tele-interview questions, any other questionnaire(s) and any paramedical exam (as applicable), between the time of this application, the completion of any tele-interview, questionnaire(s) and paramedical exam (as applicable), and the delivery of the policy. If Medical History – Part 2 is submitted prior to completion of the application, the application shall be deemed to have been made as of the time such information was submitted.
3. RBC Life may be entitled to render this policy and any Temporary Insurance Agreement null and void if there is misrepresentation or non-disclosure in any part of the application for insurance, paramedical or medical examination, telephone interview, or any questionnaire completed in connection with this application that is material to the insurance risk.
4. The entire contract of insurance shall be the policy, any attached endorsements, exclusions, amendments, addendums or documents and all completed parts of this application, application supplement or questionnaire. Acceptance of the policy will constitute agreement to its terms and notification of any changes specified by RBC Life in the policy.
5. No statement made to and no information acquired by a representative of RBC Life or an examining physician shall be attributed to or binding upon RBC Life unless contained in the application or any related declaration of health-related evidence of insurability. No one other than an officer of RBC Life may (a) alter or modify the terms of this application or policy or (b) waive any rights or requirements of RBC Life.
6. I have read the section entitled "Collection and Use of Personal Information" appearing in this application and understand and agree to its terms.
7. A copy of the "Notice regarding the MIB, Inc." has been received and read.
8. Unless otherwise requested in the Language of Policy question in this application, the policy and all related documents have been expressly requested to be in the English language. (À moins de stipulation contraire à la question relative à la langue du contrat de la présente proposition, il a été expressément demandé que le contrat et tous les documents qui s'y rapportent soient rédigés en anglais.)

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

Signature of Proposed Insured or Parents/Guardians (tutors* in Quebec) if Proposed Insured Is Under Age 16 (under age 18 in Quebec)

Signature of Proposed Owner (if different than the Proposed Insured) (If Corporate Owner, include title of signing officer; if Trustee Owner, sign as trustee and identify the trust)

Signature of Joint Proposed Owner (if any)

Witness Name (Please print)

Signature of Witness

* In Quebec, if there is more than one tutor, all tutors must sign unless the one tutor has given the other a specific mandate to act unilaterally on the child's behalf.

AUTHORIZATION

Name of Proposed Insured _____

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. I understand that the Company will create and maintain files, which contain personal information concerning me. I also understand that access to personal information concerning me 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, 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. 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, my medical history or treatment, or my 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 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 any other person, agency, credit bureau or institution having information, records or data regarding me.

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. The authorization to obtain information 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 Proposed Insured or Parents/Guardians (tutors in Quebec) if
Proposed Insured Is Under Age 16 (under age 18 in Quebec)

AUTHORIZATION

Name of Proposed Insured _____

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. I understand that the Company will create and maintain files, which contain personal information concerning me. I also understand that access to personal information concerning me 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, 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. 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, my medical history or treatment, or my 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 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 any other person, agency, credit bureau or institution having information, records or data regarding me.

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. The authorization to obtain information 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 Proposed Insured or Parents/Guardians (tutors in Quebec) if
Proposed Insured Is Under Age 16 (under age 18 in Quebec)

Temporary Life Insurance Application

If any of the following questions are answered “Yes”, and/or if the Proposed Insured is under 15 days of age or over 65 years of age, the Proposed Insured is not eligible to apply for Temporary Life Insurance. Do not proceed.

Has the Proposed Insured:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| <p>1. ever been treated for or had any indication of heart or circulatory disease, heart attack, high blood pressure, chest pain, abnormal ECG, stroke, transient ischemic attacks (TIA), diabetes, chronic kidney, liver or lung disease, cancer or tumour, multiple sclerosis, paralysis, motor neuron disease, Alzheimer’s disease, Huntington’s disease, Parkinson’s disease, AIDS, ARC or HIV infection, loss of speech, blindness or deafness?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. within the last year, other than normal childbirth, been admitted to hospital or another medical facility or been advised to do so?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. been advised to have any tests, investigations or surgery not yet done?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. in the last year, had any application for life insurance, change or reinstatement declined, rated or modified in any way?</p> | <input type="checkbox"/> | <input type="checkbox"/> |

Is the Proposed Insured:

- | | | |
|--|--------------------------|--------------------------|
| <p>5. aware of any symptoms for which they have not sought treatment or for which treatment is planned or pending?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

I declare to the best of my knowledge that the above answers are true.

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

 Signature of Proposed Insured or Parents/Guardians (tutors in Quebec if Proposed Insured Is Under Age 16 (under age 18 in Quebec))

 Signature of Owner (if other than Proposed Insured)

 Signature of Joint Proposed Owner (if any)

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Complete, detach and leave this page with the Proposed Owner only if Temporary Life Insurance has been applied for.

Temporary Life Insurance Receipt (applicable only if Temporary Life Insurance is applied for)

RBC Life Insurance Company (RBC Life) acknowledges receipt of \$ _____, which is at least the minimum payment of one monthly premium (1/12 of an annual premium if paying annually) at standard rates for the life insurance policy applied for under this Temporary Life Insurance Agreement (Life TIA), or authorization has been provided to RBC Life in this Life Insurance Application (Life Application) to withdraw this sum immediately by pre-authorized debit in payment for coverage under the Life TIA on the life of _____
(Proposed Insured)

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

Signature of Representative

The Temporary Life Insurance Application, the Life Application and the payment by cheque (if applicable) must all be dated the same date or the Temporary Life Insurance Agreement is null and void.

Temporary Life Insurance Agreement (Life TIA)

RBC Life Insurance Company (RBC Life) agrees to insure the Proposed Insured specified on the Temporary Life Insurance Receipt, who, in this Life TIA, will be referred to as the Proposed Insured, subject to the terms and conditions set out below.

Coverage:

Temporary life insurance commences once the Life Application and the Temporary Life Insurance Application (Life TIA Application) have been signed and the payment for coverage under this Life TIA has been received.

In the event of the death of the Proposed Insured (if more than one Proposed Insured, the first or last to die according to the Life Application) while this Life TIA is in force and subject to a maximum aggregate liability of \$1,000,000 under this and all other Temporary Life Insurance Agreements issued by RBC Life on the Proposed Insured, RBC Life will pay to the beneficiary(ies) designated in the Life Application, the LESSER OF:

- (a) the amount of life insurance applied for in the Life Application, OR
- (b) \$1,000,000.

If the total amount of life insurance applied for on the Proposed Insured in the Life Application is greater than the maximum payable under this Life TIA and the Proposed Insured dies while covered under this Life TIA, RBC Life will refund the portion of any payment for coverage over the maximum payable under this Life TIA for that Proposed Insured.

Termination of Temporary Life Insurance:

Insurance coverage provided by this Life TIA will terminate on the earliest of:

- (a) 90 days from the date the Life Application is signed, OR
- (b) the date on which RBC Life mails notice of termination of insurance under this Life TIA, OR
- (c) the date the policy RBC Life issues in response to the Life Application takes effect, OR
- (d) the date the Proposed Owner(s) refuse(s) to accept delivery or otherwise rejects the policy issued in response to the Life Application, OR
- (e) the date the Proposed Owner(s) ask(s) RBC Life to cancel this Life TIA or otherwise withdraws the Life Application, OR
- (f) the date of death of the Proposed Insured (if more than one Proposed Insured, the date of death of the first or last to die according to the Life Application).

Except in the case of fraud, payment received by RBC Life will be refunded in the event of termination under (a), (b), (d) or (e).

Limitations and Exclusions:

- (a) If there is material misrepresentation or non-disclosure in any part of the Life Application or Life TIA Application, any application supplement or questionnaire, or any paramedical or medical exam, no Life TIA will take effect and RBC Life shall, except in the case of fraud, refund the payment for this Life TIA.
- (b) RBC Life shall have no liability if the specified Proposed Insured, while sane or insane, commits suicide, except RBC Life shall refund the payment for this Life TIA.
- (c) No accidental death rider, disability/income replacement, critical illness, children's term rider, or return/waiver of premium benefits are provided under this Life TIA.
- (d) No Life TIA will take effect if any question is answered "Yes" and/or not answered in the Life TIA Application, the Life Application and/or the Life TIA Application is (are) not signed, the Proposed Insured is under 15 days of age or over 65 years of age, the payment for coverage under the Life TIA is not honoured on presentation and/or the date of the Life TIA Application, the Life Application and the cheque (if applicable) are not dated on the same date.
- (e) The Life TIA is not available if the Life Application is made under any conversion provision of an existing policy or the conversion option of a rider to any existing policy.

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Pre-Authorized Debit (PAD) Agreement

Ensure you read and understand the section entitled "Collection and Use of Personal Information".

The Payor(s) named below agrees that:

1. (a) RBC Life Insurance Company (RBC Life) is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium and/or the Temporary Insurance Agreement premium, if requested in this application, against the account at the financial institution below, or any other financial institution that the Payor(s) may later designate.
- (b) **RBC Life is not required to provide notification before the Temporary Insurance Agreement premium and/or the initial premium is debited, or if the amount of withdrawal should vary.**
- (c) Unless otherwise indicated in the Special Requests section below, such withdrawals shall be dated on the day of the month on which the premiums is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy/policies.
- (d) The financial institution indicated below is authorized now or at any subsequent time to honour any requests made by RBC Life to withdraw premium or fees from the account indicated below, which may include a redraw within 30 days should any withdrawal not clear the account.
- (e) Notification of any change to the information provided below shall be given to RBC Life by the Payor(s), at a minimum of five days prior to the next scheduled withdrawal. The Payor(s) agrees that from time to time they may authorize RBC Life to deduct such payments from another account upon the Payor's oral or written instructions.
- (f) This Agreement will terminate in respect of all policies included in it upon 10 days written notice by RBC Life or by the Payor(s). The Payor(s) may obtain further information on their right to cancel a PAD agreement by visiting the Canadian Payments Association website at www.cdnpay.ca.
- (g) In the event that a PAD is disputed, the Payor(s) agrees to contact RBC Life. For recourse purposes, this PAD is considered a Personal PAD.
The Payor(s) has certain recourse rights if any debits do not comply with this Agreement. For example, the Payor(s) has the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, the Payor(s) may contact their financial institution or visit www.cdnpay.ca.
- (h) The names and signatures of all persons required to authorize withdrawals from the account indicated are included below.

2. Add to existing PAD with policy number(s) _____

3. Special Requests (withdrawals are limited to the 1st – 28th of the month) _____

Bank Information:

Please attach a sample cheque marked "Void" (a line of credit account cannot be used).

Name of Bank or Financial Institution	Transit Number	Bank Number	Account Number
---------------------------------------	----------------	-------------	----------------

Address _____

City _____ Province _____ Postal Code _____

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

 Print Name of Payor (Account Holder)

 Print Name of Second Payor (Account Holder) (if any)

 Signature of Payor

 Signature of Second Payor (if any)



- Must be the natural or adopted child of a Life Insured named in the Life Insurance Application.
- A Contingent Owner must be named in the main application (see question 5, page 2 in the main application).
- 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.

Benefit Amount \$ _____

Children's Names

(a) First Name _____ Middle Name _____ Last Name _____
 Female Male Date of Birth (dd/mm/yy) _____ Age as of Nearest Birthday _____
 Height cm ft/in Weight kg lb Relationship to Proposed Insured(s) _____
 Relationship to Proposed Owner _____

(b) First Name _____ Middle Name _____ Last Name _____
 Female Male Date of Birth (dd/mm/yy) _____ Age as of Nearest Birthday _____
 Height cm ft/in Weight kg lb Relationship to Proposed Insured(s) _____
 Relationship to Proposed Owner _____

(a) First Name _____ Middle Name _____ Last Name _____
 Female Male Date of Birth (dd/mm/yy) _____ Age as of Nearest Birthday _____
 Height cm ft/in Weight kg lb Relationship to Proposed Insured(s) _____
 Relationship to Proposed Owner _____

Children's Medical History

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has any insurance application for any child been declined, postponed or modified in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any of the children currently on medication or has any treatment or diagnostic test been advised that has not been completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 the health care professional's name, professional designation, address, postal code and phone number. | | |

Child	Question #	Details

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 that 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.

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 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.

The authorization to obtain information 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 (tutor in Quebec)*

Signature of Parent/Guardian (tutor in Quebec)*

Signature of Any Child Age 16 or Over (age 18 or over in Quebec)

Signature of Any Child Age 16 or Over (age 18 or over in Quebec)

Signature of Witness

Name of Witness (Please print)

* In Quebec, if more than one tutor, both tutors must sign unless one tutor has given the other a specific mandate to act unilaterally on the child's behalf.



- Recommended for any minor beneficiary in provinces outside Quebec.
- Recommended in all provinces for any beneficiary who may lack legal capacity.
- Complete if the Proposed Owner wishes to name a trustee for a beneficiary and such a trustee has not already been appointed under a written Trust Agreement.

Name of Proposed Owner _____
 First (or Company) Middle Last

Name of Joint Proposed Owner (if any) _____
 First (or Company) Middle Last

Policy Number (if known) or Application Number _____

I appoint _____
 First Middle Last

Relationship to Proposed Insured _____

as trustee to receive, in trust, benefits under the Policy.

This appointment applies to benefits payable to any beneficiary designated under the Policy who, at the time benefits are payable, is a minor or lacks legal capacity to give a valid discharge. Payment of benefits to the trustee discharges RBC Life Insurance Company to the extent of the payment.

I authorize the trustee in his/her or its sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the Policy.

The trust for any beneficiary will terminate once that beneficiary is both the age of majority and has legal capacity to give a valid discharge, and I direct the trustee at that time to deliver to the beneficiary any assets held in trust for that beneficiary. I or my personal representative (in Quebec: my tutor, curator, liquidator, or mandatary in the event of incapacity) may in writing appoint a new trustee to replace a former trustee.

Date _____
 Day Month Year

 Signature of Proposed Owner(s)

 Signature of Witness

 Name of Witness (Please print)



Pursuant to the "Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA)" regulations, this supplement must be completed and submitted with any application for Universal Life insurance (either a new policy or a conversion to a Universal Life contract).

Section 1 – Third Party Information (Complete in all cases)

Is this application being made on behalf of an individual or entity other than the Proposed Insured(s) and/or the Proposed Owner(s)? [] Yes [] No
If yes, please provide the following third party details:

Name _____

Address _____

Date of Birth (dd/mm/yy) (if applicable) _____

If the third party is a Corporate entity, please provide the Incorporation Number and place of issue: _____

Principal Business or Occupation _____

Relationship to Proposed Owner(s) _____

If there is more than one third party entity, please attach a separate sheet with the information requested above for each entity.

Section 2.1 – Confirmation of Proposed Owner Identity – Individual or Trustee (natural person)

Please verify the identity of the Proposed Owner by recording the following details. Only original, non-expired documents can be used for this purpose.

Date of Birth (dd/mm/yy) (if applicable) _____

Social Insurance Number _____

Principal Business or Occupation _____

Birth Certificate [] Driver's License [] Canadian Citizenship Card [] Permanent Resident Card [] Passport []

Document Number _____ Expiry Date (dd/mm/yy) (if applicable) _____

Jurisdiction of Issue (city/country) _____

Section 2.2 – Confirmation of Proposed Joint Owner Identity – Individual or Trustee (natural person)

Please verify the identity of the Proposed Owner by recording the following details. Only original, non-expired documents can be used for this purpose.

Date of Birth (dd/mm/yy) (if applicable) _____

Social Insurance Number _____

Principal Business or Occupation _____

Birth Certificate [] Driver's License [] Canadian Citizenship Card [] Permanent Resident Card [] Passport []

Document Number _____ Expiry Date (dd/mm/yy) (if applicable) _____

Jurisdiction of Issue (city/country) _____

Section 2.3 – Confirmation of Proposed Owner Identity – Corporate, Trustee or Other Non-Corporate Entity (non-individual)

Business Number _____

Please verify the existence of the entity using one of the documents listed below:

Articles of Association [] Certificate of Corporate Status [] Partnership Agreement [] Trust Document []

Other (specify) _____

A photocopy of the document must be submitted with the application.

For all Proposed Owners in Section 2.3, the following tables must also be completed.

(Some exemptions may apply. For more information visit the Financial Transaction and Report Analysis Centre of Canada (FINTRAC) web site at <http://www.fintrac.gc.ca> (see Guideline 6A, Record Keeping and Client Identification for Life Insurance Companies, Brokers and Agents). If an exemption is applicable, please contact us directly for information concerning the documentation required in order to receive an exemption.)

Please provide the following information for those who directly or indirectly own or control: a) 25% or more of the non-corporate entity or b) 25% or more share of the corporation.

Name	Address	Occupation

For corporations, please provide the following information in respect of all Directors of the corporation:

Name	Occupation

Is the Proposed Owner a non-for-profit organization? Yes No

If yes, please complete the following:

Is the not-for-profit organization a defined registered charity with the Canada Revenue Agency under the Income Tax Act? Yes No

If yes, please provide the Registration Number: _____

If no, is it an organization that solicits charitable financial donations from the public? Yes No

Representative's Declaration:

I, the representative, confirm that the Proposed Owner(s) and Proposed Joint Owner(s) has (have) presented original documents to confirm their identity.

Yes No

If no, please explain:

Date (dd/mm/yy) _____ Signature _____

If any of the information provided on this form changes in the future, please contact us immediately so that we may update our records.

This form must be completed and submitted with any Universal Life application. Universal Life applications cannot proceed without this form.



Application Number _____ Life or Lives Insured _____

A Initial Premium Allocation:

Fixed Interest Options		Variable Interest Index Options	
Daily Interest Option	%	Canadian Equity (S&P/TSX 60)	%
Guaranteed Interest Mid Term Portfolio Option	%	Canadian Financial (S&P/TSX Capped Financials)	%
Guaranteed Interest Long Term Portfolio Option	%	Canadian Energy (S&P/TSX Capped Energy)	%
Guaranteed Interest 1-Year Term Option	%	American Equity (S&P 500)	%
Guaranteed Interest 3-Year Term Option	%	European Equity (S&P Europe 350)	%
Guaranteed Interest 5-Year Term Option	%		
Guaranteed Interest 10-Year Term Option	%		
Variable Interest Fund Options			
RBC® Select Conservative Portfolio	%	RBC Canadian Dividend Fund	%
RBC Select Balanced Portfolio	%	RBC North American Dividend Fund	%
RBC Select Growth Portfolio	%	RBC North American Growth Fund	%
RBC Select Aggressive Growth Portfolio	%	RBC O'Shaughnessy All-Canadian Equity Fund	%
RBC Canadian Short-Term Income Fund	%	RBC U.S. Equity Fund	%
RBC Bond Fund	%	RBC O'Shaughnessy U.S. Value Fund	%
RBC Global Bond Fund	%	RBC U.S. Mid-Cap Equity Fund	%
RBC Balanced Fund	%	RBC Global Dividend Growth Fund	%
RBC Balanced Growth Fund	%	RBC O'Shaughnessy International Equity Fund	%
RBC Canadian Equity Fund	%		100%

B Future Premium Allocation:

Will be the same as your initial allocation if you don't specify otherwise

Fixed Interest Options		Variable Interest Index Options	
Daily Interest Option	%	Canadian Equity (S&P/TSX 60)	%
Guaranteed Interest Mid Term Portfolio Option	%	Canadian Financial (S&P/TSX Capped Financials)	%
Guaranteed Interest Long Term Portfolio Option	%	Canadian Energy (S&P/TSX Capped Energy)	%
Guaranteed Interest 1-Year Term Option	%	American Equity (S&P 500)	%
Guaranteed Interest 3-Year Term Option	%	European Equity (S&P Europe 350)	%
Guaranteed Interest 5-Year Term Option	%		
Guaranteed Interest 10-Year Term Option	%		
Variable Interest Fund Options			
RBC Select Conservative Portfolio	%	RBC Canadian Dividend Fund	%
RBC Select Balanced Portfolio	%	RBC North American Dividend Fund	%
RBC Select Growth Portfolio	%	RBC North American Growth Fund	%
RBC Select Aggressive Growth Portfolio	%	RBC O'Shaughnessy All-Canadian Equity Fund	%
RBC Canadian Short-Term Income Fund	%	RBC U.S. Equity Fund	%
RBC Bond Fund	%	RBC O'Shaughnessy U.S. Value Fund	%
RBC Global Bond Fund	%	RBC U.S. Mid-Cap Equity Fund	%
RBC Balanced Fund	%	RBC Global Dividend Growth Fund	%
RBC Balanced Growth Fund	%	RBC O'Shaughnessy International Equity Fund	%
RBC Canadian Equity Fund	%		100%

C Additional Instructions for New Business

D By signing below, I understand the following:

I can vary the premium amounts I allocate to my Universal Life plan, provided I meet the policy's funding requirements, or change my premium allocation instructions at any time by completing a Financial Change Request form. There is no charge for the first four Financial Change Requests processed in any policy year. However, RBC Life Insurance Company reserves the right to apply a \$25 transaction fee for each additional such request received within the same year.

The interest earned on Variable Interest Options can be positive or negative, which can increase or decrease my policy's Accumulation Value. I can obtain information about available Interest Options and their management fees at www.rbcinsurance.com/returns, or through my advisor.

Any amount transferred or withdrawn from a Guaranteed Interest Option before the end of its term may be subject to a Market Value Adjustment.

This form must be received at RBC Life Insurance Company by 12:00 p.m. Eastern Time to be deemed received on that business day. Forms received after 12:00 p.m. will be processed on a best effort basis, and may be deemed received the next business day. Faxes are acceptable, except in Quebec where originals are required. Only one allocation instruction can apply to premiums paid on the same effective date.

Any corrections to the form must be initialed by all signing parties.

Policy Owner's Name

Date (dd/mm/yy)

Policy Owner's Signature

If owned by a corporation, please include the title or seal.

Joint Owner's Name (if applicable)

Date (dd/mm/yy)

Joint Owner's Signature

Date (dd/mm/yy)

Witness

®/™ Trademark(s) of Royal Bank of Canada. Used under licence.

‡ All other trademarks are the property of their respective owner(s).

Representative's Report

1. How long have you known the Proposed Insured? _____ years
2. Were the negotiations for this application started by: You? Proposed Insured? Proposed Owner(s)?
3. The Proposed Insured may be contacted by telephone for a Personal History Interview.
What is the most convenient time to contact them? Business Residence at _____ local time.
4. (a) Were you present at the time of completion of the application? Yes No
(b) Who was present at the time of completion of the application? _____
5. Back date to save age? Yes No (Age is calculated based on the Age Nearest on the underwriting decision date, not the application date.)
Other Specific Date Required _____
6. Evidence: The following requirements have been ordered:
 Blood Profile ECG/Ex.ECG Inspection Int. Medical Medical MVR Para-Medical
 Urine-HIV Other (specify) _____
 Para-Medical Company Used _____
7. Were any "Insurance Solutions" illustrated or presented to the applicant? Yes No If yes, please specify which ones below:

001 – Buy Sell <input type="checkbox"/>	008 – Insurance Enhancement Solution (Enhance your ROI) <input type="checkbox"/>
002 – Buy Term Invest the Difference <input type="checkbox"/>	009 – Insurance Enhancement Solution (Reduce your COI) <input type="checkbox"/>
003 – Charitable Giving <input type="checkbox"/>	010 – Insured Annuity <input type="checkbox"/>
004 – Estate Optimizer <input type="checkbox"/>	011 – Retirement Compensation Agreement <input type="checkbox"/>
005 – Estate Protection <input type="checkbox"/>	012 – Retirement Enhancer <input type="checkbox"/>
006 – Family Wealth Sharing <input type="checkbox"/>	013 – RRIF Estate Optimizer <input type="checkbox"/>
007 – Family Wealth Transfer <input type="checkbox"/>	014 – Split Dollar-Split Beneficiary <input type="checkbox"/>

8. Representative's Declaration:

I have clearly explained the provisions and limitations of the policy being applied for (and the Temporary Insurance Agreement if applicable) to the Proposed Insured (and the Proposed Owner(s) if applicable). All of the questions in the application were clearly asked of, or read by, the Proposed Insured (and the Proposed Owner(s) if applicable). To the best of my knowledge, all of the answers and statements on the application have been fully and accurately recorded. I am not aware of any pertinent information about the Proposed Insured that has not been disclosed on the application. If a policy is issued, I will deliver it to the Proposed Owner(s) only after obtaining confirmation that all conditions for delivery have been completely satisfied and there has been no change in the insurability of the Proposed Insured. I understand that I cannot modify the application, the Temporary Insurance Agreement or the terms of the policy, if issued. I have complied with my duties and obligations in regard to Advisor Disclosure, including providing an Advisor Disclosure Statement in writing to the Proposed Owner.

Date (dd/mm/yy)		
Representative's Signature		
Representative's Name		
Representative's Company Name		
Marketing Office/MGA		
Share	%	Servicing Representative Life Code
		Representative Life Code

Please use this space for any special instructions or additional information that would be helpful in the underwriting of this risk; e.g. occupation, aviation, avocation, purpose of insurance, amount, income, health problems, habits, finances, replacement, insurable interest.

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intentionally

The Application is a legal document forming part of the Policy contract.

CONSUMER FACT SHEET PRE-NOTICE

Information regarding your insurability and claims will be treated as confidential. RBC Life Insurance Company (RBC Life) or its reinsurer(s) may, however, make a brief report thereon 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 a 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
Website: www.mib.com

RBC Life or its reinsurer(s) 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 you submit a claim for benefits.

How the RBC Life Telephone Interview Process Works

1. Your representative will send the completed and signed application to RBC Life.
2. A specially trained telephone interviewer will call the Proposed Insured on behalf of RBC Life to collect personal and health information.
3. If required, an appointment will be set up with the Proposed Insured for any paramedical services and the collection of fluids.
4. Once the Proposed Insured has completed the telephone interview and paramedical services (if required), RBC Life will begin the process of reviewing the application.

It is important to have several pieces of information on hand when the telephone interviewer calls. Use this checklist to ensure that the Proposed Insured has everything needed to complete the interview.

Identification Information	Personal Information	Health Information
<ul style="list-style-type: none">Your driver's licence number	<ul style="list-style-type: none">Details about activities you participate inDetails about any trips that you have taken within the last 12 months or any trips you are planning to take within the next 12 months	<ul style="list-style-type: none">Treatment by any doctor or hospitalName(s), address(es) and telephone number(s) of those doctors and/or hospitalsReasons for treatment with the date(s) and results of treatmentAll medications that you are currently taking including dosage, frequency and reasonInformation about your family's medical history

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 healthcare 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 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, and (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.

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, or to ask questions about our privacy policies, 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 “Financial fraud prevention and privacy protection” brochure, by calling us at the toll free number shown above or by visiting our website at www.rbc.com/privacysecurity.