RBC Insurance®

RBC Life Insurance Company
PO Box 1800 Stn B
Mississauga, ON L4Y 3W6
1-888-604-3434

REQUEST FOR GROUP INSURANCE SUPPLIES

To order additional supplies, please complete this form and forward it to your local RBC Insurance sales office.

Group Policy Number: _____ Date: _____

Policyholder Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Language: ❑ English ❑ French

Name of Plan Administrator: ❑ Mr. ❑ Mrs. ❑ Ms. _____ Telephone: ( ) _____

Description of Form	Form #	Quantity Required

Special Instructions: _____

For Office Use Only:

Date Sent: _____ Order filled by: _____
(please print)

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