



**RBC Insurance® SOCIAL INSURANCE NUMBER
AUTHORIZATION CARD**

RBC Life Insurance Company
1122 International Boulevard, P.O. Box 5044
Burlington, Ontario L7R 4C1
905.319.9501

Employer name: _____ Group number: _____

Employee name: _____ S.I.N.#: _____

I hereby authorize the company, to use my social insurance number specifically for my insurance file identification, any tax reporting purposes, and all other matters pertaining to my Group Insurance plan.

Signature of employee

Date

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