



This form is to be used to change the beneficiary designation on the "Taxable Interest Annuity" only.

Policy Owner(s)	Policy Number
Life (or Lives) Insured	

The undersigned Owner(s) of this Policy declare that when the proceeds of the Taxable Interest Annuity of this Policy become payable, they be paid to:

Full name or corporate name	Relationship to Life Insured or if in Quebec, State Relationship to Policy Owner	% Share*	Designation
			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

*if more than one beneficiary is appointed, proceeds will be payable in equal shares unless stated otherwise. Shares must total 100%

If the Beneficiary is a minor, state Beneficiary's date of birth and full name and address of an appointed trustee, if any. (Please note that in Quebec, significant differences exist between the rights of a tutor and a trustee. Consult your professional advisor.)

Full name	Trustee Relationship to Life Insured
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Contingent Beneficiary

Full name or corporate name	Relationship to Life Insured or if in Quebec, State Relationship to Policy Owner	% Share*	Designation
			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

If no Beneficiary is living when the proceeds become payable, the proceeds of this Policy will be paid to the Owner or the Owner's estate.

This appointment of Beneficiary revokes any prior Beneficiary designation of this policy.

Date _____
 Day Month Year

Signature of Owner

Signature of Joint Owner (if any)

Consent of prior Irrevocable Beneficiary (if any)

Signature of newly appointed Irrevocable Beneficiary (if applicable)

Note: Where both Absolute Assignment and Change of Beneficiary forms are completed and submitted to RBC Life Insurance Company ("the Company") on the same date, the Absolute Assignment will be filed first and given prior effect by the Company. Accordingly, the Change of Beneficiary form must be signed by the newly appointed owner. Critical Illness rider benefits will remain payable to the named insured on the Critical Illness rider unless otherwise stated.

▼ OFFICE USE ONLY ▼

RECORDED AT OUR OFFICE ON THIS _____ DAY OF _____ 20____
BY _____

This change will not be effective until recorded at our office. Once recorded, the change will be effective as of the date you signed the request.

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.