



NAME OF LIFE TO BE INSURED: _____

Policy/Certificate/Application Number: _____

DETAILS – Identify Questionnaire, Question Number, and record full details.

DECLARATION

I, THE PROPOSED LIFE TO BE INSURED, DECLARE THAT ALL STATEMENTS AND ANSWERS ARE COMPLETE AND TRUE AND MATERIAL TO THE POLICY/CERTIFICATE TO BE ISSUED AND SHALL FORM PART OF MY APPLICATION FOR LIFE OR DISABILITY INSURANCE TO **RBC LIFE INSURANCE COMPANY**.

Signature of Life to be insured

Witness

Date