



NAME OF LIFE TO BE INSURED

Policy/Certificate/Application No._____

DETAILS

Identify Questionnaire, Question Number and record full details. Include name and address of any Doctor, Hospital or Treatment Centre.

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