



INSTRUCTIONS:

- 1. **Form must be completed in duplicate.**
- 2. An endorsed copy will be returned for your records, as it forms part of your policy document.
- 3. Before returning, please check that the appropriate section is fully completed and the signatures have been witnessed and dated.

RBC Life Insurance Company is requested and authorized to make the changes below, regarding:

Policy Number \_\_\_\_\_  
 Life Insured(s) \_\_\_\_\_  
 Policyowner(s) \_\_\_\_\_

**CHANGE NAME OF**

Policyowner to: \_\_\_\_\_

Life insured to: \_\_\_\_\_

Beneficiary to: \_\_\_\_\_

Reason for change: ATTACH ORIGINAL OR NOTARIZED COPIES OF LEGAL DOCUMENTS

Marriage (state date) \_\_\_\_\_ Divorce (state date) \_\_\_\_\_

Error (explain) \_\_\_\_\_

Court Order (explain) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

WITNESS

DATE

SIGNATURE OF POLICYOWNER

**ENDORSEMENT**

**For Office Use Only**

While this form has been prepared for the convenience of its policyholders, the Company assumes no responsibility for its validity or sufficiency.

RECORDED AT THE HEAD OFFICE OF RBC LIFE INSURANCE COMPANY

ON \_\_\_\_\_ BY \_\_\_\_\_

## Your Privacy Matters To Us

At RBC Insurance<sup>®</sup>, we're committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

### How we collect your information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

### How we use your information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with others who work for companies under RBC Insurance or other RBC Financial Group<sup>™</sup> companies, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide.

We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business.

If you have given us your social insurance number, we will use it for taxation purposes and to help identify you with Citizenship and Immigration Canada, when necessary.

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*Please note that this paragraph is not applicable if this application is submitted by an independent representative or a representative that is attached to a firm other than RBC Insurance.*

### Other ways we may use your information

When you request products and services directly from a company under RBC Insurance, there are other ways we may use your information. For example, we may use or share some of your information to help you find out about other products and services from a company under RBC Insurance and other RBC Financial Group companies. However, we will never use or share your health information for these purposes. To better manage your relationship with other RBC Financial Group companies, and where the law allows us, we may consolidate the information we have about you with information held by the other companies.

If, at any time, you decide that you do not want us to use your information as described here, under "Other ways we may use your information", please let us know by calling us at 1-800-663-0417.

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### Your right to access your information

You have a right to access the personal information that we have about you in your file. If we have information that is not correct, you can have it corrected.

To access your information or to ask us to correct information, you can contact 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**

### **If you would like more information about client privacy**

RBC Financial Group publishes a brochure on client privacy. If you would like a copy of the brochure, you can contact us and we would be pleased to send one to you.