



Application Number: _____ Policy Number: _____

Life Insured's Name: _____ Policyowner: _____

Life Insured's Name: _____ Policyowner: _____

Planned Deposits:

Please invest my planned deposits as indicated below:

Fixed Rate Accounts:	Destiny Daily Interest Account	_____	% or \$	_____
	Destiny Long Term Interest Account	_____	% or \$	_____

Index Accounts:	S&P/TSX 60 Stock Index Account	_____	% or \$	_____
	Standard & Poor's 500 Index Account	_____	% or \$	_____
	Eurotop 100 Index Account	_____	% or \$	_____
	Nikkei 225 Index Account	_____	% or \$	_____
	Hang Seng Index Account	_____	% or \$	_____
	NASDAQ 100 Index Account	_____	% or \$	_____
	SCM Universe Bond Index Account	_____	% or \$	_____
	GGOF Canadian Large Cap Value Fund Index Account	_____	% or \$	_____
	Mackenzie Maxxum Monthly Income Fund Index Account	_____	% or \$	_____

Additional Deposits (if applicable)

Please invest my deposit of \$_____ as indicated below:

Fixed Rate Accounts:	Destiny Daily Interest Account	_____	% or \$	_____
	Destiny Long Term Interest Account	_____	% or \$	_____

Index Accounts:	S&P/TSX 60 Stock Index Account	_____	% or \$	_____
	Standard & Poor's 500 Index Account	_____	% or \$	_____
	Eurotop 100 Index Account	_____	% or \$	_____
	Nikkei 225 Index Account	_____	% or \$	_____
	Hang Seng Index Account	_____	% or \$	_____
	NASDAQ 100 Index Account	_____	% or \$	_____
	SCM Universe Bond Index Account	_____	% or \$	_____
	GGOF Canadian Large Cap Value Fund Index Account	_____	% or \$	_____
	Mackenzie Maxxum Monthly Income Fund Index Account	_____	% or \$	_____

Insurance Charges

Please deduct insurance charges from the following accounts indicated below:

Fixed Rate Accounts:

- Destiny Daily Interest Account
- Destiny Long Term Interest Account

Index Accounts:

- S&P/TSX 60 Stock Index Account
- Standard & Poor's 500 Index Account
- Eurotop 100 Index Account
- Nikkei 225 Index Account
- Hang Seng Index Account
- NASDAQ 100 Index Account
- SCM Universe Bond Index Account
- GGOF Canadian Large Cap Value Fund Index Account
- Mackenzie Maxxum Monthly Income Fund Index Account

Date: _____ Policyowner Signature: _____

Date: _____ Policyowner Signature: _____

Date: _____ Witness Signature: _____

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