

Absolute Assignment

(Transfer of Ownership)

- Please read carefully prior to completing the Absolute Assignment

GENERAL GUIDELINES

1. For all absolute assignments, except change of Trustee, complete Sections 1, 2 and 4
2. For change of Trustee, complete Sections 1 and 4
3. If changing the Beneficiary(s), complete Section 3
4. If changing the Payor, complete Section 5
5. Determine which supplementary documents are required based on the type of plan/policy
6. Review the Privacy Statement

Supplementary forms that may need to be completed within this absolute assignment

International Tax (FATCA) Supplement — this form is required for all plan types listed below:

- Universal Life with value (list of plans below)
- Term Life with value
- Whole Life with value or participating (earns dividends)

Please be aware that each RBC business must undertake due diligence with its clients in respect of FATCA. As a result, if you are a client of more than one RBC business, you may receive separate communications from these businesses.

Confirmation of Identity Supplement (COIS) — this form is required for all Universal Life plans listed below:

- RBC Universal Life
- Destiny Universal Life
- Universal Life for Essential Needs
- Foundational Life
- Maxinvest
- Maxivu or Maxivu Zero Base
- Maxim or Mentor
- Flexible Whole Life
Select Choice 5 (SC5) or
Universal Life Select Choice 5 (SC5I)

RBC Insurance





Policy Number Life Insured(s)/Annuitant(s)

Owner(s)

Section 1 – The undersigned hereby assigns and transfers any rights, interest and title in this policy to:

Name of New Owner

First or Business Name Initial Last Name

Relationship to Existing Owner _____ Relationship to Life Insured _____

Social Insurance or Business Identification Number of New Owner (If in Quebec, provide federal and provincial Business Numbers)

Policy Mailing Address – **If mailing address is a P.O. Box, please ensure an actual residence address is also provided.**

Street City Province Postal Code

Residence Address of New Owner (if different than above)

Street City Province Postal Code

Name of New Joint Owner

First or Business Name Initial Last Name

Relationship to New Owner _____ Relationship to Existing Owner _____

Relationship to Life Insured _____

Social Insurance or Business Identification Number of New Joint Owner (If in Quebec, provide federal and provincial Business Numbers)

Residence Address of New Joint Owner (if different than above)

Street City Province Postal Code

If there are Joint Owners, ownership is to be with the right of survivorship unless Tenants in Common is indicated below.

Tenants in Common?

Name of Contingent Owner

First or Business Name Initial Last Name

Relationship to Existing Owner _____ Relationship to Life Insured _____

Section 2 – For income tax purposes, with the exception of change of Trustee, please complete the following:

1. a) Is the transfer an Arm's Length transaction? **(See below for further explanation)** Yes No
 b) If yes, what was the value of consideration paid? \$ _____
Note: All transfers will be treated as Non-Arm's Length unless noted otherwise.
2. a) Is the new Owner the spouse, former spouse or child (as defined in the Income Tax Act) of the previous Owner? Yes No
 b) Is the transfer a settlement of rights arising from a marriage, decree, order or judgement? Yes No
 c) Is an election being made under 148(8.1) or 148(8.2) of the Income Tax Act? Yes No

Arm's Length or Non-Arm's Length?

The Income Tax Act contains definitions of Arm's Length vs. Non-Arm's Length which are too detailed to repeat here. In general, for a policy owned by an individual, a transfer will be considered Non-Arm's Length when the new Owner is an ascendant or descendant of the current Owner (grandparent, parent, child, grandchild) or they are related by blood, marriage or adoption.

For a corporately owned policy, in general, a transfer will be deemed Non-Arm's Length if the current Owner has a controlling interest in the entity which is to be the new Owner's, or vice versa.

The difference in tax treatment between Arm's Length and Non-Arm's Length transfers is as follows:

- For a **Non-Arm's Length** transfer, the policy's Adjusted Cost Basis (ACB) is set as equal to the cash surrender value of the policy on the date of transfer, regardless of what, if any, consideration was paid for the transfer.
- For an **Arm's Length** transfer, the ACB of the policy is reset to the consideration paid, if any. If no consideration is paid for an Arm's Length transfer, then the ACB is reset to the cash surrender value (assumed to be the fair market value).

If you are in doubt about the correct designation of this transfer, as Arm's Length or Non-Arm's Length, you should refer the question to your representative, as it may have significant tax implications.

Section 3 – Change of Beneficiary

This Absolute Assignment terminates all previous revocable Beneficiary designations and designates the new Owner as the revocable Beneficiary.

The new Owner must complete this section if the new Owner wishes to designate a Beneficiary other than the new Owner.

The undersigned Owners of this Policy declare that when the proceeds of the life benefit of this Policy become payable, they be paid to:

Name of Beneficiary _____
 First or Business Name Initial Last Name

Relationship to Life Insured _____ Relationship to New Owner _____

% Share* _____ Revocable Irrevocable

Name of Beneficiary _____
 First or Business Name Initial Last Name

Relationship to Life Insured _____ Relationship to New Owner _____

% Share* _____ Revocable Irrevocable

Name of Beneficiary _____
 First or Business Name Initial Last Name

Relationship to Life Insured _____ Relationship to New Owner _____

% Share* _____ Revocable Irrevocable

Name of Beneficiary _____
 First or Business Name Initial Last Name

Relationship to Life Insured _____ Relationship to New Owner _____

% Share* _____ Revocable Irrevocable

Contingent Beneficiary

Name of Beneficiary _____
First or Business Name Initial Last Name

Relationship to Life Insured _____ Relationship to New Owner _____

% Share* _____ Revocable Irrevocable

Name of Beneficiary _____
First or Business Name Initial Last Name

Relationship to Life Insured _____ Relationship to New Owner _____

% Share* _____ Revocable Irrevocable

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

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

Section 4

Date signed _____
Day Month Year

Effective date of assignment _____
Day Month Year

Signature of Existing Owner

Signature of Existing Joint Owner (if any)

Signature of New Owner

Signature of New Joint Owner (if any)

Provide the title of the Officer with the authority to bind the Company or the Corporate Seal.

Consent of Irrevocable Beneficiary (if any)

Consent of Collateral Assignee (if any)

RBC Life Insurance Company takes no responsibility for the validity of the Absolute Assignment. The assignment and Beneficiary change (if applicable) become effective once they have been recorded by RBC Life Insurance Company.

Section 5 – Pre-Authorized Debit (PAD) Agreement

The Payor(s) named below agrees that:

1. (a) RBC Life Insurance Company (RBC Life) is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium against the account at the financial institution below, or any other financial institution that the Payor(s) may later designate.
- (b) RBC Life is not required to provide notification before the initial premium is debited, or if the amount of withdrawal should vary.
- (c) Unless otherwise indicated in the Special Requests section below, such withdrawals shall be dated on the day of the month on which the premium is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy/policies.
- (d) The financial institution indicated below is authorized now or at any subsequent time to honour any requests made by RBC Life to withdraw premium or fees from the account indicated below, which may include a redraw within 30 days should any withdrawal not clear the account.
- (e) Notification of any change to the account information provided below shall be given to RBC Life by the Payor(s) a minimum of 5 days prior to the next scheduled withdrawal. The Payor(s) agrees that from time to time they may authorize RBC Life to deduct such payments from another account upon the Payor's oral or written instructions.
- (f) This Agreement will terminate in respect of all policies included in it upon 10 days written notice by RBC Life or by the Payor(s). The Payor(s) may obtain further information on their right to cancel a PAD Agreement by visiting the Canadian Payments Association website at www.cdnpay.ca.
- (g) In the event that a PAD is disputed, the Payor(s) agrees to contact RBC Life. For recourse purposes, this PAD is considered a Personal PAD.

The Payor(s) has certain recourse rights if any debits do not comply with this Agreement. For example, the Payor(s) has the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, the Payor(s) may contact their financial institution or visit www.cdnpay.ca.
- (h) The names and signatures of all persons required to authorize withdrawals from the account indicated are included below.

2. Add to existing PAD with this/these policy number(s) _____
3. Special Requests (withdrawals are limited between the 1st – 28th of the month) _____

Bank Information:

Please attach a sample cheque marked void (a line of credit account cannot be used).

Name of Bank or Financial Institution	Transit Number	Bank Number	Account Number

Address _____

City	Province	Postal Code

Dated at _____ this _____ day of _____
(City/Province) (Month/Year)

Print Name of Payor (Account Holder)	Print Name of Second Payor (Account Holder) (if any)

Signature of Payor	Signature of Second Payor (if any)



- FATCA means the United States of America (U.S.) Foreign Account Tax Compliance Act. Canada has entered into an Enhanced Financial Account Information Exchange Agreement with the U.S., and Canadian financial institutions (including insurance companies) must identify and report information about certain types of accounts held directly or indirectly by a U.S. person. This enhanced reporting is required under the Income Tax Act (Canada). For further information about this, visit www.fin.gc.ca/afc/faq/fatca-eng.asp
- "Entity" means a corporation, trust, partnership, association or other organization.
- We will use the information provided in this form to determine our tax reporting requirements to the Canada Revenue Agency (CRA).

Policy Number (if available):

Full legal name of the person or entity that is the proposed policy owner or policy owner:

Full legal name of the person or entity that is the joint proposed policy owner or joint policy owner (if applicable):

SECTION 1 – INDIVIDUAL OR TRUSTEE (NATURAL PERSON) – Proposed Owner or Owner

1. Are you a citizen of the U.S. or are you a resident of the U.S. for tax purposes? Yes No

If yes, please provide your U.S. Taxpayer Identification Number (TIN):

Go to Section 4.

SECTION 1 – INDIVIDUAL OR TRUSTEE (NATURAL PERSON) – Joint Proposed Owner or Joint Owner (if applicable)

1. Are you a citizen of the U.S. or are you a resident of the U.S. for tax purposes? Yes No

If yes, please provide your U.S. Taxpayer Identification Number (TIN):

Go to Section 4.

SECTION 2 – CORPORATE, TRUSTEE OR OTHER NON-PERSON ENTITY (NON-INDIVIDUAL)

The terms used in this section are defined by the Canada-United States Enhanced Tax Information Exchange Agreement Implementation Act. For more information visit www.cra.ca and search "enhanced financial account information reporting" and view their topic on entities.

For tax reporting purposes, please provide the FATCA classification for the entity:

U.S. Person:

Specified U.S. Person. Please provide the employer identification number (EIN):

Not a Specified U.S. Person. Provide the reason this entity is Not a Specified U.S. Person below (refer to instructions on page 4).

Go to Section 4.

Non-Financial Foreign (non-U.S.) Entity (NFFE)

Active NFFE – **Go to Section 4.**

Passive NFFE – **Complete Section 3 on the next page.**

SECTION 2 – CORPORATE, TRUSTEE OR OTHER NON-PERSON ENTITY (NON-INDIVIDUAL) continued Foreign (non-U.S.) Financial Institution (FFI)

Select the type of FFI below and provide the global intermediary identification number (GIIN) if required

- Exempt beneficial owner
- Deemed compliant FFI. If registered, provide the GIIN # below.
- Reporting Canadian financial institution. Provide the GIIN # below.
- Reporting non-Canadian partner jurisdiction financial institution. Provide the GIIN # below.
- Participating FFI. Provide the GIIN # below.
- Non-participating financial institution

Global intermediary identification number (GIIN): **Go to Section 4.****SECTION 3 – INFORMATION ABOUT OWNERS AND OTHER INDIVIDUALS WHO HAVE CONTROL OVER A PASSIVE NFFE**

This section must be completed for passive NFFEs. Other types of entities do not need to complete this section.

- For trusts: Please provide information for every individual who is a trustee, beneficiary or settlor of the trust or who otherwise controls the trust.
- For all other types of passive NFFE, does any individual directly or indirectly own or control 25% or more of the entity that will own the policy?
 - No – **Go to Section 4.**
 - Yes – **Please provide information about each of the individuals below.**

If you require more space, complete another form.

Individual – Identify your role within the entity: Owner or Controlling person Trustee Trust beneficiary Trust settlor

First name	Middle initial	Last name	
City	Province	Country	Postal Code

Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes? No Yes If yes, please provide the Social SecurityNumber (SSN) or Individual Taxpayer Identification Number (TIN): Individual – Identify your role within the entity: Owner or Controlling person Trustee Trust beneficiary Trust settlor

First name	Middle initial	Last name	
City	Province	Country	Postal Code

Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes? No Yes If yes, please provide the Social SecurityNumber (SSN) or Individual Taxpayer Identification Number (TIN):

Individual – Identify your role within the entity: <input type="checkbox"/> Owner or Controlling person <input type="checkbox"/> Trustee <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Trust settlor			
First name	Middle initial	Last name	
City	Province	Country	Postal Code
Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide the Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN): <input type="text"/>			

Individual – Identify your role within the entity: <input type="checkbox"/> Owner or Controlling person <input type="checkbox"/> Trustee <input type="checkbox"/> Trust beneficiary <input type="checkbox"/> Trust settlor			
First name	Middle initial	Last name	
City	Province	Country	Postal Code
Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide the Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN): <input type="text"/>			

SECTION 4 – PROPOSED POLICY OWNER OR POLICY OWNER DECLARATION AND SIGNATURES

This section must be completed by all proposed policy owners or policy owners (natural persons and entities).

In this section, “You” and “Your” mean the proposed policy owner or policy owner. In the event that the proposed policy owner or the policy owner is an entity, “You” and “Your” mean the signing officers or trustees of the entity.

You agree to immediately notify RBC Life Insurance Company of any errors, omissions or changes in the information provided in this form, including any change in the U.S. residency or citizenship status of a controlling person, owner and individuals involved in a trust, or any change in the entity’s FATCA classification.

By signing below, You confirm that:

- (a) You are the proposed policy owner or the policy owner, joint proposed policy owner or joint policy owner (if applicable), and in the case of an entity, You are authorized to sign on behalf of the proposed policy owner or policy owner;
- (b) The information provided in this form is complete, current and accurate to the best of Your knowledge.

Proposed Policy or Policy Owner (Natural Person): _____ Signature _____ Date (dd/mm/yyyy)

Joint Proposed Policy Owner or Joint Policy Owner (Natural Person): _____ Signature _____ Date (dd/mm/yyyy)

Proposed Policy or Policy Owner (Entity):

First name	Middle initial	Last name
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_____ Signature of signing officer or trustee	_____ Date (dd/mm/yyyy)
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Instruction page on how to determine an entity's classification under FATCA.

This form is for use by "entities" (such as corporations, partnerships and trusts) to determine their U.S. tax status.
Proposed policy owners or policy owners who are individuals (natural persons) should not use this section.

Note: For the purpose of determining an entity's classification, "foreign" means foreign to the U.S.

- There are 3 possible entity statuses:
1. a U.S. Person
 2. a Non Financial Foreign (non-U.S.) Entity (NFFE)
 3. a Foreign (non-U.S.) Financial Institution (FFI)

Follow these steps which will help to determine the classification:

1. Is the entity
- a) a partnership or corporation organized in the U.S.?
 - b) a trust that is subject to a U.S. law (including a trust where a majority of the trustees are U.S. citizens or U.S. residents)?

Yes No If no go to # "3". If yes, the entity may be classed as a **U.S. Person**. Proceed to # 2.

2. A U.S. person may be considered a "Specified U.S. Person" or "Not a Specified U.S. Person."

In order to determine which one the entity is, review the options below and check off any of the applicable boxes.

- A corporation, or an affiliate of a corporation, the stock of which is regularly traded on one or more established securities markets
- The United States or any wholly owned agency or instrumentality thereof
- Any State of the U.S., any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
- Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code, or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
- Any bank as defined in section 581 of the U.S. Internal Revenue Code
- Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
- Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the Securities Exchange Commission under the Investment Company Act of 1940
- Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- Any trust that is exempt from tax under a plan that is described in section 403(b) or section 457(b) of the U.S. Internal Revenue Code
- Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
- A dealer in securities, commodities or derivative financial instruments (including notional principal contracts, futures, forwards and options) that is registered as such under the laws of the United States or any State
- A broker as defined in section 6045(c) of the U.S. Internal Revenue Code

If none of the options above apply, the entity may be classed as a **U.S. Person – Specified U.S. Person**.

If one or more options above apply, the entity may be classed as a **U.S. Person – Not a Specified U.S. Person**.

3. Is the entity (organization) a financial institution? Yes No

If "yes" the entity may be classed as a **Foreign (non-U.S.) Financial Institution (FFI)**

If no, in the last fiscal year, did the entity earn more than 50% of its gross income from investment income (for example: interest, dividends, royalties, etc), and/or in the last fiscal year did the entity hold more than 50% of its assets for the purpose of producing investment income? Yes No

If no, the entity may be classed as an **Active Non-Financial Foreign Entity (Active NFFE)**

If yes, do any of the following categories apply (check any applicable boxes):

- The stock of the entity is regularly traded on an established securities market or it is a related entity of another entity whose stock is regularly traded on an established securities market.
- The entity is organized in a U.S. Territory and all the owners are bona fide residents of that U.S. Territory.
- The entity is a government (other than the U.S. government), a subdivision of such government (province or municipality), or a public body performing a function of such government or a subdivision thereof, or a government of a U.S. Territory, or an international organization, or a non-U.S. central bank of issue, or an entity wholly owned by one or more of the bodies mentioned previously.
- The activities of the entity consist of holding the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or business other than the business of a financial institution, and provided the entity does not function as an investment fund such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.
- The entity is not yet operating a business and has no prior operating history, but is investing capital in assets with the intent to operate a business other than a financial institution, within the next 24 months of the date the entity officially was organized.
- The entity was not a financial institution in the past 5 years and is in the process of liquidating assets or reorganizing with the intent to operate as a business other than as a financial institution.
- The entity primarily engages in financing and hedging transactions with related entities that are not financial institutions and does not provide financing or hedging services to any other entity that is not a related entity, provided that the group of any related entities is primarily engaged in a business other than a financial institution.
- The entity meets **all** of the following criteria:
 - (a) is a religious, charitable, scientific, artistic, cultural or educational organization;
 - (b) is income tax exempt in the country of residence;
 - (c) has no shareholders or members who have a proprietary or beneficial interest in its income or assets; and
 - (d) no income or assets of the entity are distributed to a private person or a non-charitable entity (other than payments for services or purchases).

If one or more options above apply, the entity may be classed as an **Active Non-Financial Foreign Entity (NFFE)**

If none of the options above apply, the entity may be classed as a **Passive Non-Financial Foreign Entity (NFFE)**



Pursuant to the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations, this supplement must be completed and submitted with any application for Universal Life insurance (either a new policy or a conversion to a Universal Life contract) or any application for an Ownership Change on a Universal Life policy.

Section 1 – Third Party Information (Complete in all cases)

Is this application being made on behalf of an individual or entity other than the Proposed Insured and/or the Proposed Owner(s)? Yes No

If "yes," please provide the following third party details:

Legal Name _____

Address _____

If the third party is an individual, please provide the date of birth (dd/mm/yyyy) _____

If the third party is a Corporate entity, please provide the Incorporation Number and place of issue _____

Occupation and Nature of Business _____

Relationship to Proposed Owner(s) _____

If there is more than one third party entity, please attach a separate sheet with the information requested above for each entity.

Section 2.1 – Confirmation of Proposed Owner Identity – Individual or Trustee (natural person)

Please verify the identity of the Proposed Owner by recording the following details. Only original, non-expired documents are acceptable.

Date of Birth (dd/mm/yyyy) _____

Social Insurance Number _____

Occupation and Nature of Business _____

Driver's Licence Canadian Citizenship Card Permanent Resident Card Passport

Document # _____ Expiry Date (dd/mm/yyyy) (if applicable) _____

Place of Issue _____

Section 2.2 – Confirmation of Proposed Joint Owner Identity – Individual or Trustee (natural person)

Please verify the identity of the Proposed Owner by recording the following details. Only original, non-expired documents are acceptable.

Date of Birth (dd/mm/yyyy) _____

Social Insurance Number _____

Occupation and Nature of Business _____

Driver's Licence Canadian Citizenship Card Permanent Resident Card Passport

Document # _____ Expiry Date (dd/mm/yyyy) (if applicable) _____

Place of Issue _____

Section 2.3 Confirmation of Proposed Owner Identity – Corporate, Trustee or Other Non-Corporate Entity (non-individual)

Business Number _____

Please verify the existence of the entity with one of the documents listed below.

A photocopy of the document(s) used to verify existence must be submitted with the application.

(Articles of Association may only be used if the entity has been in existence for less than 12 months; otherwise a Certificate of Corporate Status must be used.)

Articles of Association Certificate of Corporate Status Partnership Agreement (as applicable) Trust Document (as applicable)

Other (specify) _____

For all Proposed Owners in Section 2.3, the following tables must also be completed.

(Some exemptions may apply. For more information visit the Financial Transaction and Report Analysis Centre of Canada (FINTRAC) website at www.fintrac.gc.ca (see Guideline 6A, Record Keeping and Client Identification for Life Insurance Companies, Brokers and Agents). If an exemption is applicable, please contact us directly for information concerning the documentation required in order to receive an exemption.)

Please provide the following information for those who directly or indirectly own or control:

a) 25% or more of the non-corporate entity, or

b) 25% or more shares of the corporation.

In the case of a trust, information is required for ALL trustees, known beneficiaries and settlors.

If a non-individual entity is listed below, please attach a separate sheet providing the information below for those who directly own or control 25% or more of that entity.

Name	% Ownership or Control	Address	Occupation (if a natural person)	Nature of Business

For Corporations, please provide the following information in respect of all Directors of the Corporation:

Name	Occupation

Is the Proposed Owner or Proposed Joint Owner a not-for-profit organization? Yes No

If "yes," please complete the following:

Is the not-for-profit organization a defined registered charity with the Canada Revenue Agency under the Income Tax Act? Yes No

If "yes," please provide the Registration Number. _____

If "no," is it an organization that solicits charitable donations from the public? Yes No

Proposed Owner's Declaration

I/we confirm that all information provided to establish the entity's ownership, control and structure is complete and accurate.

Date _____ Signature of Proposed Owner _____
(dd/mm/yyyy)

Signature of Joint Proposed
Owner (if applicable) _____

Advisor's Declaration

I, the advisor, confirm that the Proposed Owner and Proposed Joint Owner (if applicable) has (have) presented original documents to confirm their identity.

Date _____ Signature of Advisor _____
(dd/mm/yyyy)

If any of the information provided on this form changes in the future, please contact us immediately so that we may update our records.

This form must be completed and submitted with any Universal Life application or any application to change the ownership on a Universal Life policy. Universal Life applications or ownership change requests on a Universal life policy cannot proceed without this form.

RBC Life Insurance Company
PO Box 515, Station A
Mississauga ON L5A 4M3

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
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Our privacy policies

You may obtain more information about our privacy policies by asking for a copy of our “Financial fraud prevention and privacy protection” brochure, by calling us at the toll free number shown above or by visiting our website at www.rbc.com/privacysecurity.