



Life Insurance Conversion Notification of Conversion Privilege

Employer completes this section

Company Name		Group Policy and Division Number	
Employee's Name			Date of Birth (dd/mm/yyyy)
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced		Date of termination or reduction (dd/mm/yyyy)	Amount of coverage lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see waiver of premium provision of the group contract.			Date of Disability (dd/mm/yyyy)
Employer Signature:			Date (dd/mm/yyyy)

Employee Information

Conversion rights

When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to: (1) An individual whole life policy, (2) purchase one year term insurance with whole life. Under this option your policy will automatically be renewed as a whole life policy at the end of the year, provided the premium is paid on the anniversary. Or (3) purchase a non-convertible yearly renewable term policy to age 70.

You may purchase any of the above options without having to provide evidence of insurability.

Amount of coverage you can buy

When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan.

EXAMPLE: You had \$50,000 of life insurance, but when you reached a certain age, your coverage was reduced to \$25,000. You want to convert to an individual policy. You still have \$25,000 of coverage under your group policy, so you can buy up to \$25,000 of individual coverage.

NOTE: The lessor of the full amount or \$200,000 (reduced by whatever other group coverage the employee becomes eligible for), if the group life terminates for any of the following reasons:

- Life insurance is terminated for the employee's insurance class
- The group policy is amended to exclude life insurance
- The group policy is terminated

Cost of an individual policy

The rate table on the back of this form shows the cost of an individual policy. If your rate is not listed, or if you want rates for option (3) please call the number shown in the Additional Information section.

Start conversion within 31 days

Your life insurance coverage under your employer's group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

If you do not apply within 31 days, the option to convert will no longer be available to you.

How to apply for conversion

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it with this form and your first premium payment to:

Portability and Conversion Unit (A332)
2211 Congress Street
Portland, Maine 04122-1760

Important:

- **Someone other than the Insured or Owner must sign as witness.**
- **Any changes made to your answers must be initialed and dated.**

Make cheques payable to RBC Life Insurance Company.

Additional Information

If you have any questions, please call 1-800-343-5406. Rates are not guaranteed and are subject to change.

I have been notified of my right to convert. I understand that I must exercise my right to convert **within 31 days** of the date my group insurance terminates.

Employee Signature

Date (DD/MM/YYYY)

Conversion Premium Rates

All rates are for each \$1,000 of coverage

Age	Annual rate 1-Year Term Rider	Rate for Individual Whole Life			Age	Annual rate 1-Year Term Rider	Rate for Individual Whole Life		
		Annual	Semi-annual	Quarterly			Annual	Semi-annual	Quarterly
20	5.27	8.38	4.27	2.18	55	18.08	37.73	19.24	9.81
21	5.30	8.59	4.38	2.23	56	19.46	39.87	20.33	10.37
22	5.34	8.82	4.50	2.29	57	20.98	42.16	21.50	10.96
23	5.37	9.05	4.62	2.35	58	22.63	44.61	22.75	11.60
24	5.39	9.29	4.74	2.42	59	24.44	47.25	24.10	12.29
25	5.41	9.55	4.87	2.48	60	26.42	50.09	25.55	13.02
26	5.45	9.82	5.01	2.55	61	28.58	53.04	27.05	13.79
27	5.49	10.10	5.15	2.63	62	30.92	55.67	28.39	14.47
28	5.53	10.40	5.30	2.70	63	33.50	58.47	29.82	15.20
29	5.59	10.70	5.46	2.78	64	36.30	61.43	31.33	15.97
30	5.64	11.02	5.62	2.87	65	39.40	64.57	32.93	16.79
31	5.71	11.53	5.88	3.00	66	42.81	67.92	34.64	17.66
32	5.79	12.03	6.14	3.13	67	46.57	71.50	36.47	18.59
33	5.86	12.55	6.40	3.26	68	50.68	75.35	38.43	19.59
34	5.96	13.11	6.69	3.41	69	55.08	79.51	40.55	20.67
35	6.09	13.69	6.98	3.56	70	59.71	83.98	42.83	21.83
36	6.26	14.31	7.30	3.72	71	64.52	89.92	45.86	23.38
37	6.46	14.95	7.62	3.89	72	69.45	94.32	48.10	24.52
38	6.70	15.63	7.97	4.06	73	74.59	100.26	51.13	26.07
39	6.99	16.34	8.33	4.25	74	80.07	106.02	54.07	27.57
40	7.30	17.08	8.71	4.44	75	86.05	112.11	57.18	29.15
41	7.66	17.92	9.14	4.66	76	92.73	118.85	60.61	30.90
42	8.03	18.87	9.62	4.91	77	100.23	125.51	64.01	32.63
43	8.44	19.88	10.14	5.17	78	108.61	132.96	67.81	34.57
44	8.88	20.94	10.68	5.44	79	117.77	141.02	71.92	36.67
45	9.37	22.07	11.26	5.74	80	127.59	150.14	76.57	39.04
46	9.92	23.27	11.87	6.05	81	137.97	159.52	81.36	41.48
47	10.53	24.55	12.52	6.38	82	148.81	169.82	86.61	44.15
48	11.20	25.90	13.21	6.73	83	160.08	180.82	92.22	47.01
49	11.95	27.34	13.94	7.11	84	171.84	192.63	98.24	50.08
50	12.77	29.07	14.83	7.56	85	184.17	205.40	104.75	53.40
51	13.66	30.56	15.59	7.95					
52	14.63	32.06	16.35	8.34					
53	15.68	33.84	17.26	8.80					
54	16.82	35.72	18.22	9.29					

How to Calculate your Premium

- Determine whether you want whole life or one-year term coverage. The one-year term will be renewed next year to whole life coverage assuming premiums are paid full.
- Determine the amount of insurance you want. Please refer to first page of this form for details.
- Determine whether you want to pay your whole life premiums annually, semiannually or quarterly. (Only annual available for one-year term.)
- Find your rate on the chart above. The rate is based on the type of coverage you want and your age at the time your group coverage terminates or is reduced.
- Calculate your premiums:
 - The number of thousands of coverage you want: _____
 - Rate per thousand dollars of coverage: X _____
 - Multiply a times b: = _____
 - Add policy fee (No policy fee for one-year term): + _____
 \$25.00/year
 \$7.80/half year
 \$4.05/quarter
 - TOTAL c and d. **This is your premium.** = _____

Make cheque payable to RBC Life Insurance Company

Example

- A 40-year-old person decides to convert to a whole life policy.
- The person wants the amount he had under his group plan: \$50,000.
- The person wants to pay premiums annually.
- The annual rate for a 40-year-old is \$17.08 for each \$1,000 of insurance.
- Calculate premiums:
 - 50 (\$50,000 of coverage)
 - 17.08 (Annual rate)
 - 854.00 (17.08 X 50)
 - 25.00 (Annual fee)
 - 879.00 (Total annual premium)



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 - Rate per thousand dollars of coverage: X _____
 - Multiply a times b: = _____
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RBC Insurance

APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE TO AN INDIVIDUAL LIFE INSURANCE POLICY

1. a. Print Insured's Name (Last, First, Mid. Init.) Sex Date of Birth (dd/mm/yyyy) b. Applicant's Name (if other than Insured) Enter the name of the person applying for the insurance if it is other than the insured person. c. Insured's Address (No. & Street, City, Province, Country, Postal Code)

2. Application is being made in accordance with the conversion privilege contained in: Group Policy Number and Division: Group Policyholder's Name:

3. Was your life insurance benefit under the group policy: Reduced or Terminated 4. What is the reduction amount of your life insurance or the amount of life insurance terminated? \$ 5. What was the date of reduction or termination? (dd/mm/yyyy)

6. Plan of life insurance: WHOLE LIFE Do you wish to elect one year of non-renewable term insurance? Yes No Note: The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

7. What is the amount of insurance you wish to convert? \$ Note: The amount may not exceed the amount in item 4.

8. Check premium payment mode: Annually Semi-annually Quarterly 9. Do you wish to elect automatic premium loan? Yes No

10. Name or List beneficiary(ies) of proceeds under the individual policy? (Give name(s) and relationship(s)) Primary: If beneficiary(ies) named above not living, then pay: Contingent: FOR RESIDENTS OF QUEBEC ONLY: A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here. REVOCABLE

11. Have you: a. Flown within the past 5 years as a passenger on other than regularly scheduled passenger transport flights, or do you plan to do so in the future? (If yes, complete aviation questionnaire) b. Flown as a pilot, student pilot, or crew member in any type of aircraft, or do you plan to do so in the future? (If yes, complete aviation questionnaire) c. Any intention of traveling or residing outside the U.S.A. and Canada in the next two years?

12. Special Requests:

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 7 above, the individual policy will be void from the beginning. In this case, we, the Company, will refund to the beneficiary(ies) any premium paid.

13. Insured's Signature Applicant's Signature: Witness' Signature:

Signed by the insured and dated at City, Province on this Date (dd/mm/yyyy)

INSTRUCTIONS

*Note: IF THE INSURED HAS ASSIGNED HIS OR HER RIGHTS UNDER THE GROUP POLICY, THE ASSIGNEE MUST COMPLETE A SEPARATE APPLICATION.

1.
 - a. **Print Insured's Name** — Enter full name, Check male or female. Enter date of birth.
 - b. **Applicant's Name (if other than insured)** — Enter the name of the person applying for the insurance if it is other than the insured person.
 - c. **Insured's Address** — Enter full mailing address of residence.
2. **Application is being made in accordance with the conversion privilege contained in** — Enter the policyholder's group policy number and division. Enter the legal name of the policyholder.
3. **Was your life insurance benefit under the group policy reduced or terminated** — Check the appropriate box.
4. **What is the amount of your life insurance that was reduced or terminated** — Enter the amount of group coverage that was terminated, or if reduced, the amount by which it was reduced.
5. **What was the date of reduction or termination** — Enter the month, day and year that your group coverage was reduced or terminated.
6. **Do you wish one year of non-renewable term insurance** — One Year Term Insurance is death protection for a "term" of one year and is in effect for one year prior to the effective date of your whole life policy. It cannot be renewed year to year. Check either yes or no.
- 6A. **Do you wish a non-convertible yearly renewable term policy to age 70** — Cross out the words "WHOLE LIFE", write in NCT 70 and initial the change.
7. **What is the amount of insurance you wish to convert** — Enter the exact amount of life insurance you wish to convert to an individual policy. Please note that you may not convert an amount in excess of the amount of insurance that was held for you under the group policy.
8. **Check premium payment mode** — Check the box next to the mode of payment that you elect to pay your premiums.
9. **Do you wish to elect Automatic Premium Loan** — You are entitled to have any loan value on the policy automatically used to pay any premium which is unpaid on expiration of the 31-day grace period. Check yes or no. (Note: The preliminary One Year Term coverage does not contain 31-day grace period.)
10. **Whom do you wish as beneficiary(ies) under the Individual Policy** —
Primary — Enter the full name and relationship of your primary beneficiary.
Contingent — Enter the full name and relationship of your contingent beneficiary who would receive the death benefit if your primary beneficiary should pre-decease you.
11. **Have you** — Read each question and checked yes or no accordingly. If an aviation questionnaire is needed, it will be sent to you upon review of your application.
12. **Special Requests** —
13. **Signatures** —
Insured's Signature — The person whose life is being covered for insurance must sign the application unless he or she is under 18 years of age.
Witness Signature — Any person other than the insured must sign as a witness to the application.
Applicant's Signature — If the insured is under 18 years of age, the parent or guardian who will be paying the insurance premiums must sign here.

COLLECTION AND USE OF PERSONAL INFORMATION

Collecting personal information

We (RBC Life Insurance Company) may from time to time collect information about the employer and the employees (collectively “clients”) such as:

- information establishing identity (for example, name, address, phone number, date of birth, etc.) and personal background;
- information related to or arising from the relationship with and through us;
- information provided through the application and claim process for any insurance products and services; and
- information for the provision of products and services.

We may collect information from the employer or the employee, 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 and motor vehicle reports. Health information will not be shared with the employer without the consent of the employee.

Using personal information

This information may be used from time to time for the following purposes:

- to verify the identity and investigate the background of the employer and employee;
- to issue and maintain insurance products and services that may be requested;
- to evaluate insurance risk and manage claims;
- to better understand the insurance situation of our clients;
- to determine eligibility for RBC insurance® products and services;
- to help us better understand the current and future needs of our clients;
- to communicate to our clients any benefit, feature and other information about RBC® products and services maintained with us;
- to help us better manage our business and the relationship with our clients; 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 our clients’ choices under “Other uses of personal information” for the sole purpose of honouring those choices.

If we have a client’s 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 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 our clients. We may communicate with our clients through various channels, including telephone, computer or mail, using the contact information the client has provided.
- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring our client to them or promoting products and services which may be of interest to our clients. We and RBC companies may communicate with our clients through various channels, including telephone, computer or mail, using the contact information the client has provided. The client acknowledges that as a result of such sharing they may advise us of those products or services provided.
- If the client also deals with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about the client to allow us and any of them to manage the client's relationship with RBC companies and our business.

The client understands 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.

The client 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, the client will not be refused insurance products or services just for that reason. We will never use or share health information for these purposes. We will respect our clients' choices and, as mentioned above, we may share our clients' choices with RBC companies for the sole purpose of honouring our clients' choices regarding "Other uses of personal information".

Right to access of personal information

Our clients may obtain access to the information we hold about them 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 personal information" the employee 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
Facsimile: (905) 813-4816

Our privacy policies

Our clients may obtain more information about our privacy policies by asking for a copy of our "Straight Talk®" brochure about privacy, by calling us at the toll free number shown above or by visiting our web site at www.rbc.com/privacy.