



SECTION 1 – GENERAL INFORMATION

By completing this form, you are asking RBC Insurance Company of Canada to change the information you previously provided.

Any previous beneficiary designation or trustee appointment is revoked.

RBC Policy Number _____

If insured under an RBC® credit card, please indicate the type of the card _____

Insured Name _____
Last Name First Name Middle Initial

SECTION 2 – BENEFICIARY DESIGNATION

The beneficiary designation applies to Accidental Death Benefits under the policy. In the event of a claim, the original of this form will be requested. If you are designating a beneficiary who is a minor, see section 4.

For Residents of Quebec Only: A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking the box marked "Revocable."

Table with 5 columns: Beneficiary (You can name one beneficiary or more), Date of Birth YYYY/MM/DD, Relationship, %, and Name fields (Last Name, First Name, Middle Initial).

If you do not designate a beneficiary, the proceeds will be paid to your estate.

For Residents of Quebec Only: I hereby make the above spousal beneficiary designation:

[] Revocable; I may change this beneficiary designation at any time.

SECTION 3 – DESIGNATING CONTINGENT BENEFICIARIES

If you wish to designate contingent beneficiaries, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If none of the beneficiaries designated above are surviving at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds.

Table with 5 columns: Contingent Beneficiary, Date of Birth YYYY/MM/DD, Relationship, %, and Name fields (Last Name, First Name, Middle Initial).

If you do not designate a beneficiary, the proceeds will be paid to your estate.

For Residents of Quebec Only: I hereby make the above spousal beneficiary designation:

[] Revocable; I may change this beneficiary designation at any time.

SECTION 4 – APPOINTMENT OF TRUSTEE

Recommended in all provinces, except Quebec, for any beneficiary who is a minor or lacks legal capacity.

Trustee (Last Name, First Name) Relationship to Insured

Is hereby appointed Trustee to receive any payment due to any designated beneficiary on record with RBC Insurance Company of Canada who is a minor on the date such payment falls due.

SECTION 5 – AUTHORIZATIONS & DECLARATIONS

I reserve the right to change this designation. RBC Insurance Company of Canada assumes no responsibility for the validity or effect of this designation.

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

Witness (other than a beneficiary) Signature of Insured