



1. IDENTIFICATION		Date of Birth Y Y - M M - D D	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Name and Address of Policyholder	Postal Code	Home Telephone Number Area Code Number	
		Office Telephone Number Area Code Number	
Name of Contract	RBC Cards Travel Accident Insurance	Contract Number Group Policy Number F-2035807-A	

Important: The beneficiary designation applies according to the clauses of the insurance contract.

2. DESIGNATION OR ADDITION OF NEW BENEFICIARY(IES)					
<p>For the province of Quebec: Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary is REVOCABLE.</p> <p>For all other provinces: The designation of beneficiary is REVOCABLE unless otherwise stipulated.</p> <ul style="list-style-type: none"> Revocable means the designation of beneficiary can be changed without the beneficiary's consent. Irrevocable means the designation of beneficiary <u>cannot</u> be changed without his or her written consent. <u>The irrevocable designation of a minor cannot be changed until he/she reaches the age of majority.</u> The "Revocation of Beneficiary" section must be completed if there was a prior designation of irrevocable beneficiary. <p>Please check: <input type="checkbox"/> I, the undersigned, hereby designate the following person(s) as the new beneficiary(ies): <input type="checkbox"/> I, the undersigned, hereby add the following person(s) to the list of current designated beneficiary(ies):</p>					
Please check	Family name and first name of beneficiary	% of policy distribution	Relationship to policyholder	Date of birth	Sex
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable					<input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable					<input type="checkbox"/> F <input type="checkbox"/> M

3. REVOCATION OF BENEFICIARY(IES) (please complete in the case of a designation of an irrevocable beneficiary)					
<ul style="list-style-type: none"> The consent of the revoked beneficiary is required if he/she was designated as irrevocable beneficiary. The new beneficiary cannot serve as a witness. The beneficiary who is a minor cannot give valid consent to a change in beneficiary. If the revoked beneficiary is deceased, please attach a death certificate. <p>I, the undersigned (policyholder), hereby revoke the designation of _____</p> <p>as the current beneficiary and designate the beneficiary named in section 2 in accordance with the provisions of the contract.</p> <p>I, the undersigned, consent to the revocation of my designation as irrevocable beneficiary.</p>					
_____	_____	_____	_____	_____	_____
Signature of revoked beneficiary	Signature of beneficiary's witness			Date	
_____	_____	_____	_____	_____	_____
Signature of revoked beneficiary	Signature of beneficiary's witness			Date	

4. POLICYHOLDER'S SIGNATURE	DATE
_____	_____

5. FOR ADMINISTRATIVE USE ONLY	
_____	_____
Authorized Signature	Date

RBC Insurance Company of Canada assumes no liability as to the validity, legality or propriety of this change of beneficiary.

Please print 2 copies of this form. Return one signed copy to RBC Insurance Company of Canada P.O. Box 97, Station A, Mississauga, ON L5A 2Y9. Keep the other copy for your records.