



SECTION 1 – GENERAL ENROLMENT INFORMATION

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

Any previous beneficiary designation or trustee appointment is revoked.

Name of Employer _____

RBC Policy Number _____ Billing Division Number _____

Employee Name _____
Last Name First Name Middle Initial

Plan Member ID Number _____

SECTION 2 – BENEFICIARY DESIGNATION

The beneficiary designation applies to all Life Insurance and 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."

Beneficiary	Date of Birth MM/DD/YYYY	Gender	Relationship	%
_____ <small>Last Name First Name Middle Initial</small>	_____	_____	_____	_____
_____ <small>Last Name First Name Middle Initial</small>	_____	_____	_____	_____
_____ <small>Last Name First Name Middle Initial</small>	_____	_____	_____	_____

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 a 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

Contingent Beneficiary	Date of Birth MM/DD/YYYY	Gender	Relationship	%
_____ <small>Last Name First Name Middle Initial</small>	_____	_____	_____	_____
_____ <small>Last Name First Name Middle Initial</small>	_____	_____	_____	_____
_____ <small>Last Name First Name Middle Initial</small>	_____	_____	_____	_____

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 Employee _____

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

Please retain this form for your records.

RBC Life Insurance Company, PO Box, 1600, 8677 Anchor Drive, Windsor, ON N9A 0B3, 1-855.264-2174, www.rbcinsurance.com

SECTION 5 – AUTHORIZATIONS & DECLARATIONS

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

If I have provided personal information about any other person, I confirm that I have obtained appropriate consents, in compliance with applicable privacy laws, to provide the information and for the information to be used for the necessary purposes.

Quebec residents only: I acknowledge that I was offered the choice to enter into the agreements related to this insurance in English or in French and that I expressly requested to enter into a version of the agreements drawn up exclusively in English, after being provided the French version of these agreements. Therefore, I expressly agree that the agreements governing the Insurance and all of their related documents, including notices, be drawn up exclusively in English.

Résidents du Québec seulement : Je reconnais qu'on m'a offert le choix de conclure les conventions liées à cette assurance en français ou en anglais et que j'ai expressément demandé à ce que ces conventions soient rédigées exclusivement en anglais, après avoir reçu leur version française. Par conséquent, je consens expressément à ce que les conventions régissant l'assurance et tous les documents qui s'y rattachent, y compris les avis, soient rédigés exclusivement en anglais.

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

Witness (other than beneficiary)

Signature of Employee

Please retain this form for your records.

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