



# Life Insurance Application

Use this application for RBC *YourTerm*<sup>™</sup> Life Insurance  
and/or RBC Growth Insurance<sup>™</sup> or RBC Growth Insurance Plus<sup>™</sup>  
- Participating Life Products and available benefits and riders



Insurance

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## 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, LLC, 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 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, LLC 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.**

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*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*.”**

**DETACH AND GIVE TO PROPOSED INSURED****COLLECTION AND USE OF 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**  
**Facsimile: 905-813-4816**

**Our privacy policies**

You may obtain more information about our privacy policies by calling us at the toll free number shown above or by visiting our website at [www.rbc.com/privacysecurity](http://www.rbc.com/privacysecurity).

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**CONSUMER FACT SHEET PRE-NOTICE**

Information regarding your insurability and claims will be treated as confidential. RBC Life Insurance Company (RBC Life) or its reinsurer(s) may, however, make a brief report thereon to the MIB, LLC, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB by emailing [Canadadislosure@mib.com](mailto:Canadadisclosure@mib.com), calling 1-866-692-6901 or write to:

MIB, LLC,  
50 Braintree Hill Park, Suite 400,  
Braintree, MA  
USA, 02184-8734  
Telephone: 1-866-692-6901  
Website: [www.mib.com](http://www.mib.com)

RBC Life or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom you submit a claim for benefits.

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**PERSONAL HISTORY INTERVIEW (PHI)**

As part of the underwriting process, you may be asked to respond to a telephone interview. The Personal History Interview (PHI) is conducted by specially trained interviewers. The interview will take approximately 20 minutes.

The questions asked by the interviewer amplify the information on your application for insurance. We also use the PHI process to gather information which may have been omitted or only partially explained in the application. These questions relate to personal, financial and medical aspects of insurability and must be answered truthfully and completely. The answers contained in the Personal History Interview and/or supplementary questionnaire(s) completed by you during a telephone interview will form part of your application for insurance and the contract. Because of the nature of the information obtained, the PHI will only be conducted directly with you.

Any information obtained during the PHI will be kept strictly confidential and will not be released to anyone without your written consent.

Your co-operation in this process is greatly appreciated and enables us to provide you with the best quality underwriting.



PART 1: PERSONAL AND EMPLOYMENT INFORMATION (You/Your refers to the Proposed Insured)

PROPOSED INSURED A

- 1. Print name as legally known: a. Last, b. First & Middle, c. Birthdate: Day, Month, Year, d. Birthplace: Country, e. Sex: M, F, f. Smoker, Non-Smoker, Juvenile. Select "Juvenile" if Proposed Insured is under age 18 years. g. Do You understand English or French? Yes, No



If No, please ensure a Statement of Understanding is signed by the Proposed Insured and the Proposed Owner(s) and submitted with this application.

- h. Is a French language policy requested? Yes, No, i. Canadian Citizen, Permanent Resident, Other (Specify), If other, have you been residing in Canada for less than 12 months? Yes, No

- 2. Home Address: a. Number, b. Street, c. PO Box/GD/RR, d. City, e. Province, f. Postal Code, g. Email Address, h. Home Phone No., Work Phone No., Mobile Phone No., i. If the Proposed Insured is under age 16 years (under age 18 years in Quebec), who is the Proposed Insured living with?, 3. a. Business/Employer Name, b. Business/Employer Address: Suite No., c. Street, d. Province, e. Postal Code, f. City, g. Phone No., h. Occupation, i. Describe nature of business, j. Describe duties, k. How long with this employer?

PROPOSED INSURED B

- 4. Print name as legally known: a. Last, b. First & Middle, c. Birthdate: Day, Month, Year, d. Birthplace: Country, e. Sex: M, F, f. Smoker, Non-Smoker, g. Do You understand English or French? Yes, No

- h. Canadian Citizen, Permanent Resident, Other (Specify), If other, have you been residing in Canada for less than 12 months? Yes, No

5. Home Address: Same as Proposed Insured A

- OR a. Number, b. Street, c. PO Box/GD/RR, d. City, e. Province, f. Postal Code, g. Email Address, h. Home Phone No., Work Phone No., Mobile Phone No., 6. a. Business/Employer Name, b. Business/Employer Address: Suite No., c. Street, d. Province, e. Postal Code, f. City, g. Phone No., h. Occupation, i. Describe nature of business, j. Describe duties, k. How long with this employer?

## MAIN PURPOSE OF INSURANCE

7. a. Personal

Income Replacement

Estate Conservation

Other

Please explain

b. Business

Protect key personnel

Fund buy-sell agreement

Other

Please explain

## COVERAGE APPLIED FOR - RBC YourTerm™

▶▶ This product is not available to Proposed Insureds under age 18 years.



Joint plans with more than 2 lives to be insured are available by special quote only. If more than 2 joint lives, please submit a separate application form for each Proposed Insured not covered by this application and cross reference them to each other.

8. Amount of Life Insurance Coverage on the Base Plan \$

9. Product Name and Coverage Option for the Base Plan:

	Term Length	Single Life	JFTD
RBC YourTerm™	(10 to 40)	<input type="checkbox"/>	<input type="checkbox"/>

10. Name(s) of Person(s) To Be Insured Under the Base Plan	Total Disability Waiver	Accidental Death Benefit
a. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
b. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
c. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
d. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
e. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

11. Term Rider 1:

	Term Length	Single Life	JFTD	Face Amount \$
RBC YourTerm™	(10 to 40)	<input type="checkbox"/>	<input type="checkbox"/>	

Name(s) of Person(s) To Be Insured Under This Term Rider Coverage

Application No.

a. _____	
b. _____	
c. _____	
d. _____	

Term Rider 2:

	Term Length	Single Life	JFTD	Face Amount \$
RBC YourTerm™	(10 to 40)	<input type="checkbox"/>	<input type="checkbox"/>	

Name(s) of Person(s) To Be Insured Under This Term Rider Coverage

Application No.

a. _____	
b. _____	
c. _____	
d. _____	

12. Payor Death & Disability Waiver:  Name of Payor

Date of birth  Relationship to Proposed Owner(s)

13. Children's Term Rider  ▶▶ Please complete the Application for Children's Term Rider on pages 21 and 22.

Face Amount for Each Insured Child \$



# COVERAGE APPLIED FOR - RBC Growth Insurance™ or RBC Growth Insurance Plus™



Joint plans with more than 2 lives to be insured are available by special quote only. If more than 2 joint lives, please submit a separate application form for each Proposed Insured not covered by this application and cross reference them to each other.

**14. Annual General Meeting & Annual Financial Statements:**

RBC Life Insurance Company ("RBC Life") is required by law to send the Policy Owner paper copies of the notice of our annual general policyholder and shareholder meeting ("AGM"), other documents produced in connection with our AGM, and our annual financial statements. To help us reduce the amount of printed material we produce, please provide us with your consent to receive these documents electronically instead of in paper copy. The electronic delivery of this material will occur in the future once the functionality is in place. We will notify the Policy Owner via email once the functionality is in place to remind the Policy Owner of the consent the Policy Owner has provided and give the Policy Owner the opportunity to revoke their consent if the Policy Owner no longer wishes to receive these documents electronically.

- When these documents are available, RBC Life will notify me electronically, using the email address provided in this application form.
- I/We, the Proposed Owner(s), can revoke this consent at any time by notifying RBC Life at 1-800-461-1413.
- I/We, the Proposed Owner(s), will notify RBC Life of any changes to my email address.
- For the documents delivered electronically, RBC Life will retain these documents for a period of time that is specified in the email notification and that these documents can be made available to me.
- I/We, the Proposed Owner(s), are responsible for retaining the electronic copies of any documents delivered to me in electronic form.

**Do you, the Proposed Owner(s) acknowledge the above and wish to receive electronic copies of documents prepared by RBC Life in connection with its AGM (such as: notices of meeting, management information circulars, proxy forms, and annual financial statements), effective once the functionality for such delivery is in place?**

This package is approximately 50 pages in length, we ask that you please consider the environment when choosing your answer.

Yes  No

**15. Amount of Life Insurance Coverage on the Base Plan**

\$

**16. Product Name and Coverage Option for the Base Plan:**

	Single Life	Joint First-to-Die	Joint Last-to-Die
RBC Growth Insurance™	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RBC Growth Insurance Plus™	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Premium Payment** (Ages 18-80 years) 10 Pay  20 Pay  Life Pay – To Age 100   
**Period for the Base Plan:** (Ages 0-17 years) Juvenile 10 Pay  Juvenile 20 Pay  Juvenile Life Pay – To Age 100

**17. Dividend Option** (choose one): Paid Up Additions  Cash  Reduced Premiums\*  Dividends on Deposit   
 Enhanced Insurance  Base Plan Amount \_\_\_\_\_ + Enhanced Amount \_\_\_\_\_ = Total Coverage \_\_\_\_\_

▶▶ \*Only available if premiums are payable on an Annual basis.

**18. Deposit Option:**

▶▶ Only available if Premium Payment Period is 20 Pay or Life Pay – To Age 100 and if Dividend Option is Paid Up Additions or Enhanced Insurance.

Do you want to make scheduled deposit option payments? Yes  No

**If Yes, how often would you like to make deposit option payments?** (choose one):

Monthly  Annual  Deposit Option Amount: \$

▶▶ The Deposit Option Amount should be the same amount specified in the illustration.

▶▶ For Monthly and Annual deposit option payments, the frequency of the scheduled deposit option payments must be the same as the frequency of policy premium payments.

**19. Name(s) of Person(s) To Be Insured Under the Base Plan**

	Total Disability Waiver	Accidental Death Benefit
a. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
b. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
c. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
d. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
e. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

**20. Term Rider 1:**

RBC <i>YourTerm</i> <sup>TM</sup> (This product is not available to Proposed Insureds under age 18 years.)	<b>Term Length</b>				<b>Single Life</b>	<b>JFTD</b>	<b>Face Amount \$</b>
	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Name(s) of Person(s) To Be Insured Under This Term Rider Coverage</b>		<b>Application No.</b>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

**Term Rider 2:**

RBC <i>YourTerm</i> <sup>TM</sup> (This product is not available to Proposed Insureds under age 18 years.)	<b>Term Length</b>				<b>Single Life</b>	<b>JFTD</b>	<b>Face Amount \$</b>
	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Name(s) of Person(s) To Be Insured Under This Term Rider Coverage</b>		<b>Application No.</b>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

21. **Guaranteed Insurability Benefit:**  **Option Amount:** \$

▶▶ Only available if a Single Life policy is being applied for and the Proposed Insured is age 18 to 45 years.

For Insureds under 18 years of age, a Guaranteed Insurability benefit is added at no additional premium. This benefit will not be added if the policy is issued with a substandard rating. The Guaranteed Insurability benefit option amount is equivalent to 5 times the base coverage, to a maximum of \$250,000. Refer to illustration.

22. **Payor Death & Disability Waiver:**  Name of Payor

Relationship to Proposed Owner(s)  Application No.

23. **Children's Term Rider**  ▶▶ **Please complete the Application for Children's Term Rider on pages 21 and 22.**

Face Amount for Each Insured Child \$

**EXISTING AND PENDING COVERAGES**

24. a. Do You have any Life coverages in force or pending, including any with RBC Life? Proposed Insured  
A: Yes  No   
B: Yes  No

If Yes, provide details below. Complete Replacement forms where necessary.

Proposed Insured		Name of Insurance Company	Amount of Life Insurance (including term riders)		Year Issued	Is the insurance applied for intended to replace this insurance?	
A	B		\$	<input type="checkbox"/> Personal <input type="checkbox"/> Business		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Personal <input type="checkbox"/> Business		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Policy #				
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Personal <input type="checkbox"/> Business		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Policy #				
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Personal <input type="checkbox"/> Business		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Policy #				
<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Personal <input type="checkbox"/> Business		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Policy #				



b. Have You applied for life, critical illness or disability insurance concurrently with this application or within the past 12 months with any other company?  
**A:** Yes  No   
**B:** Yes  No

If Yes, indicate details ▶▶

Proposed Insured		Amount Applied for	Policy Type	Name of Insurer
A	B			
<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Life <input type="checkbox"/> CI <input type="checkbox"/> DI	
<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Life <input type="checkbox"/> CI <input type="checkbox"/> DI	
<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Life <input type="checkbox"/> CI <input type="checkbox"/> DI	



c. If the Proposed Insured is under age 16 years (under age 18 years in Quebec), please complete the chart below:

	Name	Age of Sibling	Name of Insurance Company	Amount of Life Insurance in Force	Amount of Life Insurance Pending	If not insured, please explain why.
Parent/Guardian						
Parent/Guardian						
Sibling #1						
Sibling #2						
Sibling #3						
Sibling #4						

**BENEFICIARY**

All beneficiaries are revocable unless otherwise stated, except in Quebec where the designation of a legal spouse (by marriage or civil union) of the owner is irrevocable, unless expressly stated to be revocable. If naming an irrevocable beneficiary, you should be aware that the consent of the irrevocable beneficiary is required to change the beneficiary designation and to make any change which impacts the value of the policy. A minor cannot give that consent. In all provinces, except Quebec, if the beneficiary is a minor, a trustee should be named in order to avoid a payment into court. Complete the Appointment of Trustee section on page 9. In Quebec, benefits payable to minors are payable to the surviving parent(s) as tutor(s).

If all beneficiaries predecease the Proposed Insured, the proceeds are payable to the contingent beneficiary if any, otherwise to the Owner or the Owner's Estate.

Ensure total shares of both the Primary and Contingent beneficiaries equal 100% respectively.

25.

Proposed Insured A	Proposed Insured B	Full Name of Beneficiary			Revocable or Irrevocable	Relationship to Proposed Insured (Proposed Owner in Quebec)	Primary or Contingent	% Share
		(First)	(Middle)	(Last)				
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

**PROPOSED OWNER(S)**

26. a. Proposed Insured A  Proposed Insured B   
Proposed Insureds A and B Jointly\*   
If selected, what is the relationship between Proposed Insureds A and B?   
Other  (Please complete the section below)

b. First or Legal Company Name

c. Middle Name  d. Last Name

e. Relationship to Proposed Insureds A and B

f. Mailing Address (for billing and correspondence) Street

g. PO Box/GD/RR  h. City  i. Province  j. Postal Code

k. Attention  l. E-mail Address

\* If jointly owned, ownership is to be with right of survivorship unless otherwise indicated. (In Quebec, please name one another as Contingent Owners if right of survivorship is desired.)



f. Have You within the past 5 years declared personal or corporate bankruptcy? ..... A: Yes  No

B: Yes  No

▶▶ If Yes, provide the discharge date and complete details below.

A	B	Discharge Date	Complete Details
<input type="checkbox"/>	<input type="checkbox"/>		A
<input type="checkbox"/>	<input type="checkbox"/>		
			B

30. If applying for business insurance, complete the following:

	Proposed Insured A	Proposed Insured B	
a. Book Value of Business in Canadian Dollars .....	\$	\$	
b. Fair Market Value of Business in Canadian Dollars .....	\$	\$	
c. Before Tax Net Annual Income of Business in Canadian Dollars .....	\$	\$	
d. Please complete the following:			
Name of Business Owners	% of Business Owned	Amount of Life Insurance in Force or Pending	Insurance Company

**ADDITIONAL INFORMATION**

31. Paramedical requested for Proposed Insured A? ..... Yes  No



If YES, completing question #33 and pages 12 and 14-18 for Proposed Insured A is not required.

32. Paramedical requested for Proposed Insured B? ..... Yes  No



If YES, completing question #33 and pages 13-18 for Proposed Insured B is not required.

33. a. Have You collected Employment Insurance (EI), disability benefits, workers' compensation benefits (WC), CPP or QPP disability benefits, income replacement benefits, maternity/parental leave, or any form of social assistance in the past 12 months? ..... **Proposed Insured** A: Yes  No

B: Yes  No

▶▶ If Yes, provide details.

A	B	Date Started	Date Ended	EI	WC	Maternity/parental	Other
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe <input type="text"/>

b. Have You within the past 24 months been a student pilot, or piloted a plane, ultra-light or glider, or do You have any intention of doing so in the future? ..... **Proposed Insured** A: Yes  No

B: Yes  No

▶▶ If Yes, please complete the Aviation Questionnaire.

c. Have You within the past 12 months traveled outside Canada or the United States of America, or do You intend to do so within the next 12 months? Proposed Insured  
 A: Yes  No   
 B: Yes  No

▶▶ If Yes, provide details.

A	B	Dates	Countries/Cities	Length of Stay	Reason
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

d. Have You within the past 24 months engaged in any hazardous or contact sports or activities, including but not limited to racing, scuba diving deeper than 100ft (30m), skydiving, heli-skiing or back-country skiing, or do You intend to do so? Proposed Insured  
 A: Yes  No   
 B: Yes  No

▶▶ If Yes, provide details.

A	B	Hazardous Sport or Activity Type	Dates, Frequency, Professional/Amateur, Recreational/Commercial
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

e. Have You ever had life, disability or critical illness insurance rated, modified, rejected, rescinded, or have You been denied renewal or reinstatement? Proposed Insured  
 A: Yes  No   
 B: Yes  No

▶▶ If Yes, provide details.

A	B	Indicate Type of Insurance	Rated	Modified	Rejected	Rescinded	Denied Renewal or Reinstatement	Insurance Company	Reason
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

f. Have You within the past 10 years been found guilty of a criminal offence, or are criminal charges pending? Proposed Insured  
 A: Yes  No   
 B: Yes  No

▶▶ If Yes, provide details.

A	B	Date of Incident	Details Including Outcome
<input type="checkbox"/>	<input type="checkbox"/>		A
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		B
<input type="checkbox"/>	<input type="checkbox"/>		

g. Have You within the past 10 years been convicted of any driving offences or violations, including impaired driving, and/or have You had a driver's license revoked or suspended, or are any such charges pending? Proposed Insured  
 A: Yes  No   
 B: Yes  No

▶▶ If Yes, provide the driver's license number and complete details below, including dates, offence type, how many km/h over the limit.

A	B	Driver's License Number	Details, Dates, Offence Type(s), km/h Over Limit
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

## PART 2: MEDICAL INFORMATION: PROPOSED INSURED A (You/Your refers to the Proposed Insured)

When answering the questions on this form, DO NOT provide information about any genetic test You have taken or plan to take. A genetic test is a type of medical test which analyzes DNA, RNA, or chromosomes. DO provide information about other types of medical tests.

If a minor is the Proposed Insured, the minor's parent or guardian must provide the medical information about the minor and be fully knowledgeable of the minor's health, and also sign the application.

Legal Name of Proposed Insured

1. Current Height   cm  ft/in      Current Weight   kg  lb

2. Have You lost 10lb/5kg or more within the past 12 months?      Yes       No

▶▶ If Yes	Amount Lost
Reason	<input style="width: 60px; height: 20px;" type="text"/> <input type="checkbox"/> kg <input type="checkbox"/> lb

3. Are You presently under medical observation or investigation, treatment, therapy, counselling, or **taking medication**? ..... Yes       No

Details

Name of Medication	Dose Amount	Frequency Taken	Date Started

4. Have You had any symptoms or complaints regarding Your health for which You have not yet consulted a physician or received treatment? ..... Yes       No

Details

5. Who is Your family physician or regular healthcare provider or clinic? **(If none, write "None.")**

Provide the full address and phone number.

6. Provide the name of the healthcare provider who has Your most recent health record **if different from Your regular healthcare provider or clinic.**

7. Provide the date and reason for Your last consultation with **ANY** physician or healthcare provider, the name of the provider, and the outcome/results.

8. Was any follow-up, further investigation or referral to another healthcare professional recommended? ..... Yes       No

Details



Details include symptoms, date of onset, diagnosis, treatment, date of full recovery and name of healthcare provider.

## PART 2: MEDICAL INFORMATION: PROPOSED INSURED B (You/Your refers to the Proposed Insured)

When answering the questions on this form, DO NOT provide information about any genetic test You have taken or plan to take. A genetic test is a type of medical test which analyzes DNA, RNA, or chromosomes. DO provide information about other types of medical tests.

If a minor is the Proposed Insured, the minor's parent or guardian must provide the medical information about the minor and be fully knowledgeable of the minor's health, and also sign the application.

Legal Name of Proposed Insured

9. Current Height   cm  ft/in      Current Weight   kg  lb

10. Have You lost 10lb/5kg or more within the past 12 months?      Yes       No

	Reason	Amount Lost
▶▶ If Yes		<input style="width: 60px; height: 20px;" type="text"/> <input type="checkbox"/> kg <input type="checkbox"/> lb

11. Are You presently under medical observation or investigation, treatment, therapy, counselling, or **taking medication**? ..... Yes       No

Details

Name of Medication	Dose Amount	Frequency Taken	Date Started

12. Have You had any symptoms or complaints regarding Your health for which You have not yet consulted a physician or received treatment? ..... Yes       No

Details

13. Who is Your family physician or regular healthcare provider or clinic? (If none, write "None.")

Provide the full address and phone number.

14. Provide the name of the healthcare provider who has Your most recent health record if different from Your regular healthcare provider or clinic.

15. Provide the date and reason for Your last consultation with **ANY** physician or healthcare provider, the name of the provider, and the outcome/results.

16. Was any follow-up, further investigation or referral to another healthcare professional recommended? ..... Yes       No

Details



Details include symptoms, date of onset, diagnosis, treatment, date of full recovery and name of healthcare provider.

**MEDICAL INFORMATION – PROPOSED INSUREDS A AND B**

17. In the past 24 months have You used cigarettes, e-cigarettes, vaping products, cigars, water pipes, betel nut, smoking cessation products or nicotine or tobacco in any form? . . . . . **A:** Yes  No   
**B:** Yes  No

A	B	Product Type (cigars, cigarettes, vaping, etc.)	Quantity and Frequency of Use	Date Last Used	Details of Smoking Cessation Therapy (type, when started/completed)
<input type="checkbox"/>	<input type="checkbox"/>				A
<input type="checkbox"/>	<input type="checkbox"/>				B
<input type="checkbox"/>	<input type="checkbox"/>				

18. Have You used marijuana and/or hashish within the past 5 years? . . . . . **A:** Yes  No   
**B:** Yes  No

▶▶ If Yes, indicate the type, quantity and frequency of use, and date last used.

<b>A:</b>
<b>B:</b>

19. Do You consume alcoholic beverages? . . . . . **A:** Yes  No   
**B:** Yes  No

▶▶ If Yes, provide details.

	Amount		Day	Week	Month	Year
<b>Proposed Insured A:</b>	Beer	cans/bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wine	glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Liquor	ml/oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amount		Day	Week	Month	Year
<b>Proposed Insured B:</b>	Beer	cans/bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wine	glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Liquor	ml/oz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Have You ever sought or received advice or treatment relating to alcohol use, or used alcohol excessively? . . . **A:** Yes  No   
**B:** Yes  No

▶▶ If Yes, please complete the Alcohol Use Questionnaire.

21. Have You ever used cocaine, barbiturates, crack, or any other narcotic drug, or ever sought or received advice or treatment for the use of drugs, prescribed or non-prescribed? . . . . . **A:** Yes  No   
**B:** Yes  No

▶▶ If Yes, indicate the type of drug, quantity and frequency of use, and date last used.

<b>A:</b>
<b>B:</b>



Details include symptoms, date of onset, diagnosis, treatment, date of full recovery and name of healthcare provider.



**Have You ever had any known indication of or been treated for:**

22. a. Acquired immune deficiency syndrome, AIDS related complex, AIDS related conditions; or have You tested positive for antibodies to the AIDS virus or HIV? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

A:
B:

- b. Any disease or disorder of the eyes, ears, nose or throat (including loss of speech)? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

A:
B:

- c. Sleep apnea, chronic insomnia, or any other sleep disorder? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

A:
B:

- d. Chest pain, heart attack, angina, abnormal ECG, irregular pulse, heart murmur, high blood pressure, high cholesterol, peripheral vascular disease or any disease or disorder of the heart or circulatory system? . . . **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

A:
B:

- e. Stroke, transient ischemic attack (TIA), headaches, cognitive impairment, memory disorder, Parkinson's disease, Alzheimer's disease, motor neuron disease, Huntington's disease, fainting spells, dizziness, seizures, epilepsy, paralysis, multiple sclerosis, muscle weakness, numbness or tingling of the limbs, or any disease or disorder of the brain or nervous system? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

A:
B:

- f. Protein, albumin, blood, or sugar in the urine, abnormal prostate test, kidney stones, or any disease or disorder of the kidneys, urinary tract, bladder, prostate, or reproductive organs? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

A:
B:

- g. Anxiety, depression, nervousness, stress, fatigue, burnout, eating disorder, other emotional disorder, psychiatric disorder, mental disorder or psychosis; or have You ever attempted suicide?. . . . . **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

A:
B:



Details include symptoms, date of onset, diagnosis, treatment, date of full recovery and name of healthcare provider.

**Have You ever had any known indication of or been treated for:**

- h. Chronic fatigue, chronic fatigue syndrome, Epstein-Barr virus, fibromyalgia, or chronic pain?..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- i. Cancer, dysplastic nevi, tumour, cyst, mass, lesion, lump, nodule, polyp or other growth, any disorder of the skin or lymph glands, blood disorder or any form of malignant disease?..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- j. Diabetes, endocrine disorder, elevated blood sugar, thyroid disease, rheumatism, rheumatic fever, lupus, gout, or syphilis?..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- k. Any disease or disorder of the breast, including lumps, cysts or other masses, other physical changes, abnormal mammogram findings or any biopsy?..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- l. Any amputation or deformity, hernia or rupture, deep vein thrombosis or varicose veins?..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- m. Any arthritis, disease or disorder of the muscles, bones, hip, ankle, knee, wrist, elbow, shoulder, hands, feet or any other joint?..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- n. Any type of back or spinal trouble (includes neck area) including sprain, strain, or disc disease or disorder?..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>



Details include symptoms, date of onset, diagnosis, treatment, date of full recovery and name of healthcare provider.

**Have You ever had any known indication of or been treated for:**

- o. Any type of shortness of breath, persistent cough, asthma, emphysema, bronchitis, pleurisy, tuberculosis, or any disease or disorder of the chest or lungs? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- p. Any type of peptic ulcer, indigestion, colitis, or any disease or disorder of the stomach, colon or intestines, gall bladder, liver, pancreas; or have You tested positive for hepatitis and/or been told You are a carrier? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

**Other than the information provided in Part 2, questions 1-22, have You in the past 10 years:**

23. a. Been examined by or consulted a physician, chiropractor, psychologist, physiotherapist, osteopath, homeopath, or other practitioner? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- b. Been under observation or treatment in any hospital or other institution or facility, or been advised to be admitted? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- c. Had an X-ray, ECG, CT scan, MRI, blood or urine test, abnormal PSA (Prostate Specific Antigen) test, or other diagnostic tests? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- d. Had any surgical operation, treatment, special diet, or any illness, ailment, abnormality or injury? ..... **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>

- e. Been advised to have any diagnostic test, be hospitalized, or have surgery which was not completed? .. **A:** Yes  No   
**B:** Yes  No

**▶▶ Details**

<b>A:</b>
<b>B:</b>



Details include symptoms, date of onset, diagnosis, treatment, date of full recovery and name of healthcare provider.

24. Have Your natural parents, brothers or sisters, either living or dead, ever suffered from any of the following conditions: heart disease, polycystic kidney disease, high blood pressure, a stroke, diabetes, cancer, multiple sclerosis, Alzheimer's disease, Huntington's disease, Parkinson's disease, motor neuron disease or any form of hereditary disease? ..... **A:** Yes  No

**B:** Yes  No

▶▶ If Yes, complete the chart below.

A	B	Condition	Mother	Age at Onset	Father	Age at Onset	Sister	Age at Onset	Brother	Age at Onset
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Female Applicants Only**

25. Are You currently pregnant? ..... **A:** Yes  No

**B:** Yes  No

▶▶ If Yes,

a. What is the due date?

<b>A:</b>
<b>B:</b>

b. Have You experienced any complications with this pregnancy or any past pregnancy? ..... **A:** Yes  No

**B:** Yes  No

▶▶ If Yes, provide details.

<b>A:</b>
<b>B:</b>

**As needed, provide additional details below to any Yes answers from Part 2.**

Question Number	Conditions, Symptoms, Diagnosis and Treatment	Date of Onset	Name of Healthcare Provider	Date of Recovery

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blank intentionally.

## PART 3: PREMIUM AND PAYMENT INFORMATION

1. a. Frequency of Payment: Monthly  Annual

**▶▶ Frequency of Payment must be "Annual" if the "Reduced Premiums" dividend option is chosen for RBC Growth Insurance™ or RBC Growth Insurance Plus™.**

b. Pre-Authorized Debit Plan (PAD) (Complete the PAD Agreement below)  OR Direct Bill

c. Initial deposit collected? Yes  No (Payment On Delivery)



**If initial deposit is collected, it is in exchange for the Receipt and TIA (page 24). Please note that the initial deposit amount does include any Deposit Option payments.**

d. Temporary Life Insurance Agreement (TIA) premium to be withdrawn by PAD? Yes  No

e. TIA premium collected for life insurance? Yes  No  If Yes please indicate amount collected: \$

f. If TIA has not been applied for, is the initial life insurance premium to be withdrawn by PAD? Yes  No

### 2. PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Ensure You read and understand the section entitled "Collection and Use of Personal Information."

The Payor(s) named below agrees that:

- a. RBC Life Insurance Company (RBC Life) is authorized to make scheduled monthly withdrawals against the account at the financial institution below or any other financial institution that the Payor(s) may later designate to pay the premium in accordance with the premium schedule set out in this policy/these policies, including the initial premium and/or the Temporary Insurance Agreement premium, if requested in this application.
- b. **RBC Life is not required to provide notification before the Temporary Insurance Agreement premium and/or the initial premium is debited, or if the amount of the 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 premiums 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 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 Payments Canada website at [www.payments.ca](http://www.payments.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.payments.ca](http://www.payments.ca).
- h. The names and signatures of all persons required to authorize withdrawals from the account indicated are included below.
- i. Add to existing PAD with policy number(s)
- j. Special Requests (Withdrawals must be between the 1<sup>st</sup> – 28<sup>th</sup> of the month)

**Bank Information: Please attach a specimen 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

Signed at  this  day of

(City/Province) (Month/Year)

Print Legal Name of Payor (Account Holder)

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

Signature of Payor

Signature of Second Payor (if any)

## APPLICATION FOR CHILDREN'S TERM RIDER



Must be the natural or adopted child of a Life Insured named on page 4.  
 A Contingent Owner must be named in the main Application (see page 9).  
 All children must be between 14 days and 20 years of age.  
 Any child age 16 years or over, or age 18 years or over in Quebec, must sign the application.  
 The beneficiary of this benefit will be the Proposed Insured or Proposed Joint Insureds under the policy.

### Children's Names

a. First Name  Middle Name  Last Name   
 Female  Male  Date of Birth (dd/mm/yy)   
 Height   cm  ft/in Weight   kg  lb Relationship to Proposed Insured(s)   
 Relationship to Proposed Owner(s)

b. First Name  Middle Name  Last Name   
 Female  Male  Date of Birth (dd/mm/yy)   
 Height   cm  ft/in Weight   kg  lb Relationship to Proposed Insured(s)   
 Relationship to Proposed Owner(s)

c. First Name  Middle Name  Last Name   
 Female  Male  Date of Birth (dd/mm/yy)   
 Height   cm  ft/in Weight   kg  lb Relationship to Proposed Insured(s)   
 Relationship to Proposed Owner(s)

### Children's Medical Information

YES NO

1. Has any insurance application for any child been declined, postponed, or modified in any way? .....  YES  NO
2. Do any of the children have any physical or mental impairment, or have they had any illness, impairment or injury that has required treatment or an operation? .....  YES  NO
3. Are any of the children currently on medication, or has any treatment or diagnostic test been advised that has not been completed? .....  YES  NO
4. Do all of the above children reside with the Proposed Insured? .....  YES  NO  
 If No, provide details below about who the child lives with and how often the Proposed Insured sees the child.
5. What was the reason, the date of, and the result of the child's last visit to a healthcare professional? Please answer below and include the healthcare professional's name, professional designation, address, postal code and phone number.



Child	Question #	Details



## CHILDREN'S TERM RIDER AGREEMENT AND AUTHORIZATION

I certify that to the best of my knowledge the answers given are full, complete and true, and agree that they shall form part of my Life Insurance Application to RBC Life Insurance Company.

I understand and authorize the Company (RBC Life Insurance Company and its reinsurers) to conduct such investigation as is necessary and to gather personal information concerning me and/or my child (as named on this application for Children's Term Rider included in the Life Insurance application). I understand that the Company will create and maintain files that contain personal information concerning me and/or my child. I also understand that access to personal information concerning me and/or my child will be limited to the employees of, and other persons engaged by, the Company in performance of their duties, or to the persons to whom I have granted access, in writing, or to any other person authorized by law. I further understand that, except when the Company can and does lawfully restrict my access to personal information concerning me and/or my child, I will be permitted to review copies of documents containing said personal information in the possession of the Company, upon paying reasonable copying charges. I further understand that I will be permitted to request access to such documentation and to have any errors in the personal information noted and corrected by formulating a written request to the Company. I authorize and direct the persons, institutions and organizations listed below to disclose and provide to the Company any information, records or other data regarding me and/or my child, my and/or my child's medical history or treatment, or my and/or my child's past and present income or employment that is relevant to this application that they have in their possession or control.

Persons to whom this Authorization applies: Any licensed physician, nurse, counselor, psychologist, social worker, therapist, pharmacist, physiotherapist, chiropractor, or other rehabilitation professional or other health care practitioner; and also any hospital, clinic, pharmacy, or other medical facility or provider of health care or treatment; and also the provincial health insurance plan, any insurance or reinsurance company or other financial institution; and also my and/or my child's employer or former employers; and also any federal or provincial government department or organization, including the federal or provincial income tax authorities and provincial motor vehicle divisions; and also the MIB, LLC; and also any other person, agency, credit bureau or institution having information, records or data regarding me and/or my child. This Authorization to obtain information is valid until revoked by me in writing. If I choose to revoke this Authorization to obtain information, consequences may include termination of the underwriting process and/or the policy, if one has been issued.

I understand that any information, records or data received by the Company pursuant to this Authorization, both medical and non-medical, will be used for the assessment of insurance risk for underwriting purposes; for the purpose of evaluating any claim for benefits; assessing the validity of the policy as issued; and, issuing and delivering the policy. Only to the extent reasonably necessary for those purposes, I authorize the Company to disclose any of the said information, records or data received: to the MIB, LLC; to other insurance companies, or any reinsurer; and, to my Servicing Advisor, such as my insurance advisor or broker; and to other third parties, who are required to maintain the confidentiality of this information (ex: the managing general agency with which my Servicing Advisor is associated (if applicable)). This Authorization to disclose information as reasonably necessary is valid until revoked by me in writing.

I authorize the Company to release to my and/or my child's health care professional any medical information obtained for this insurance application, including the results of any blood or urine test or urine drug screening tests for the purpose of revealing findings that might require further investigation or treatment or for the purpose of explaining any underwriting decision. This Authorization to disclose medical information is valid until revoked by me in writing. A photocopy of this Authorization, as executed by me, will be as valid as the original. Any alteration of this Authorization will render it null and void.

I authorize the Company to disclose to my Servicing Advisor material information regarding my and/or my child's health and personal history solely for the purpose of explaining underwriting decisions. This disclosure could include history of mental illness, infectious disease, drug and alcohol use, record of criminal activity, or other facts that have a material effect on the Company's decision to insure me and/or my child. This Authorization to disclose information for this purpose is valid until 60 days after the later of the day the Company issues a new or amends the existing policy; or the day the Company notifies me in writing that my application has been declined, withdrawn, or filed as incomplete.

I do not agree to the disclosure of health and personal information to the Servicing Advisor:

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

Signature of Parent/Guardian (tutors\* in Quebec)

Signature of Parent/Guardian (tutors\* in Quebec)

Signature of Any Child Age 16 Years or Over (Age 18 Years or Over in Quebec)

Signature of Any Child Age 16 Years or Over (Age 18 Years or Over in Quebec)

\* In Quebec, if there is more than one tutor, all tutors must sign unless one tutor has been given the authority in a specific mandate to act unilaterally on the child's behalf.

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# TEMPORARY LIFE INSURANCE APPLICATION

LEAVE THIS PORTION ATTACHED

IF APPLICABLE, DETACH AND GIVE TO PROPOSED OWNER

If any of the following questions are answered "Yes," or left blank and/or if any Proposed Insured is under 15 days of age or over 65 years of age, the Proposed Insured(s) is not eligible to apply for Temporary Life Insurance.

When answering the questions on this form, please do so without reference to any genetic tests you may have taken or are planning to take. A genetic test is a type of medical test which analyzes DNA, RNA, or chromosomes.

	Proposed Insured A		Proposed Insured B	
Has the Proposed Insured:	YES	NO	YES	NO
1. ever been treated for or had any indication of heart or circulatory disease, heart attack, high blood pressure, chest pain, abnormal ECG, stroke, transient ischemic attacks (TIAs), diabetes, chronic kidney, liver or lung disease, cancer or tumour, multiple sclerosis, paralysis, motor neuron disease, Alzheimer's disease, Huntington's disease, Parkinson's disease, AIDS, ARC or HIV infection, loss of speech, blindness or deafness? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. within the past year, other than normal childbirth, been admitted to a hospital or other medical facility or been advised to do so? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. been advised to have any tests, investigations or surgery not yet done? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. in the past year had any application for life insurance, change or reinstatement declined, rated or modified in any way? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is the Proposed Insured:</b>				
5. aware of any symptoms for which they have not sought treatment or for which treatment is planned or pending? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Temporary Life Insurance Receipt (applicable only if Temporary Life Insurance is applied for)

RBC Life Insurance Company (RBC Life) acknowledges receipt of \$ , which is at least the minimum payment of one monthly premium (1/12 of an annual premium if paying annually) at standard rates for the life insurance policy applied for under this Temporary Life Insurance Agreement (Life TIA) or authorization has been provided to RBC Life in this Life Insurance Application (Life Application) to withdraw this sum immediately by pre-authorized debit in payment for coverage under the Life TIA on the life (lives) of

Proposed Insured(s)

Signed at  this  day of

(City/Province)  (Month/Year)

Signature of Advisor

The Temporary Life Insurance Application, the Life Application, and the payment by cheque (if applicable) must all be dated the same date or the Temporary Life Insurance Agreement is null and void.

#### Temporary Life Insurance Agreement (Life TIA)

RBC Life Insurance Company (RBC Life) agrees to insure the Proposed Insured specified on the Temporary Life Insurance Receipt, who, in this Life TIA, will be referred to as the Proposed Insured, subject to the terms and conditions set out below.

**Coverage**

Temporary life insurance commences once the Life Application and the Temporary Life Insurance Application (Life TIA Application) have been signed and the payment for coverage under this Life TIA has been received.

In the event of the death of the Proposed Insured (if more than one Proposed Insured, the first or last to die according to the Life Application) while this Life TIA is in force and subject to a maximum aggregate liability of \$1,000,000 under this and all other Temporary Life Insurance Agreements issued by RBC Life on the Proposed Insured, RBC Life will pay to the beneficiary(ies) designated in the Life Application the LESSER OF:

- a. the amount of life insurance applied for in the Life Application, OR
- b. \$1,000,000.

If the total amount of life insurance applied for on the Proposed Insured in the Life Application is greater than the maximum payable under this Life TIA and/or a Deposit Option payment is submitted with the Life Application, and the Proposed Insured dies while covered under this Life TIA, RBC Life will refund the portion of any payment for coverage over the maximum payable under this Life TIA and any Deposit Option payment submitted with the Life Application for that Proposed Insured.

**Termination of Temporary Life Insurance**

Insurance coverage provided by this Life TIA will terminate on the earliest of:

- a. 90 days from the date the Life Application is signed, OR
- b. the date on which RBC Life mails notice of termination of insurance under this Life TIA, OR
- c. the date the Policy RBC Life issues in response to the Life Application takes effect, OR
- d. the date the Proposed Owner(s) refuse(s) to accept delivery or otherwise reject(s) the Policy issued in response to the Life Application, OR
- e. the date the Proposed Owner(s) ask(s) RBC Life to cancel this Life TIA or otherwise withdraw(s) the Life Application, OR
- f. the date of death of the Proposed Insured (if more than one Proposed Insured, the date of death of the first or last to die according to the Life Application).

Except in the case of fraud, payment received by RBC Life will be refunded in the event of termination under a, b, d or e.

**Limitations and Exclusions**

- a. If there is material misrepresentation or non-disclosure in any part of the Life Application or Life TIA Application, any Application supplement or questionnaire, or any paramedical or medical exam, no Life TIA will take effect and RBC Life shall, except in the case of fraud, refund the payment for this Life TIA.
- b. RBC Life shall have no liability if the specified Proposed Insured commits suicide, except RBC Life shall refund the payment for this Life TIA.
- c. No accidental death rider, disability/income replacement, critical illness, children's term rider, return/waiver of premium benefits, or paid up insurance purchased by deposit option payments are provided under this Life TIA.
- d. No Life TIA will take effect if any question is answered "Yes" and/or not answered in the Life TIA Application; the Life Application and/or the Life TIA Application is (are) not signed; the Proposed Insured is under 15 days of age or over 65 years of age; the payment for coverage under the Life TIA is not honoured on presentation; and/or the date of the Life TIA Application, the Life Application and the cheque (if applicable) are not dated on the same date.
- e. Life TIA is not available if the Life Application is made under any conversion provision of an existing Policy or the conversion option of a rider to any existing Policy.

## AGREEMENT

In this Agreement, RBC Life Insurance Company is referred to as the "Company", any policy issued as a result of this application is referred to as the "Policy", and the Proposed Owner and Proposed Insured, if different from the Proposed Owner, are each referred to as "I", "me" and "my".

It is understood and agreed as follows:

1. I have read the statements and answers recorded on this application and any supplemental forms required to support this application. They are true, complete, and correctly recorded. In order to obtain additional evidence of insurability, the Company may arrange a paramedical or medical examination or telephone interview. During the examination or interview, I will answer all questions honestly and completely. I am responsible for verifying the accuracy and completeness of the information provided in this application, any supplemental forms or questionnaires required to support this application, any paramedical or medical examination, and any documented telephone interview. The Company is entitled to rely on that information. I understand that providing inaccurate or incomplete information may compromise eligibility for coverage and/or benefits, and may mean that there will be no coverage.
2. Upon delivery of this Policy, the Proposed Owner will ensure that the Proposed Insured reviews the statements and answers contained in any paramedical or medical examination, documented telephone interview, or other questionnaire and verifies that they were correctly recorded. The Proposed Owner will immediately advise the Company if any of them were not. The Proposed Owner will also immediately advise the Company if, between the date they were provided and the date this Policy is delivered, there have been any changes to the statements and answers in this application, any paramedical or medical examination, documented telephone interview, or other questionnaire (as applicable).
3. The entire Contract of Insurance shall be the Policy, any attached endorsements, exclusions, amendments, addendums or documents, including documented paramedical or medical examinations and documented telephone interviews, and all completed parts of this application, application supplement(s) and questionnaire(s). No statement made to and no information acquired by a representative of the Company, an examiner, or an interviewer shall be attributed to or binding upon the Company unless contained in the Contract of Insurance. No one other than an officer of the Company may a) alter or modify the terms of this Policy or b) waive any rights or requirements of the Company. Acceptance of the Policy will constitute agreement to its terms and to any changes specified by the Company in the Policy.
4. In Quebec, insurance under the Policy shall only take effect when:
  - a. the full initial premium has been paid; and
  - b. the Company accepts the application without modification.

In all provinces other than Quebec, and in Quebec if the Company accepts the application with modification, insurance under the Policy shall only take effect when:

- a. the full initial premium has been paid; and
  - b. the Policy has been delivered to the Proposed Owner and all conditions for delivery of the Policy have been completely satisfied, including but not limited to the Company's receipt and approval of all amendments, addendums and exclusions required for the Policy to take effect, signed by the Proposed Owner and the Proposed Insured, if different from the Proposed Owner, within the period required by the Company; and
  - c. there has been no change in the health or insurability of the Proposed Insured between the time of the application and delivery of the Policy.
5. I have received satisfactory information about the product(s) being applied for.
  6. A copy of the "Consumer Fact Sheet Pre-Notice" has been received and read.
  7. I have read the section entitled "Collection and Use of Personal Information" appearing in this Application and understand and agree to its terms.

**RBC Growth Insurance™ or RBC Growth Insurance Plus™**

8. If RBC Growth Insurance™ is selected, for insureds under 18 years of age, a Guaranteed Insurability benefit is added at no additional premium. This benefit will not be added if the policy is issued with a substandard rating. This benefit is not available on any RBC Growth Insurance Plus™ policy.
9. The Deposit Option is not available if any Life Insured is rated substandard with a flat extra premium. If a Deposit Option amount is indicated in this application and the Deposit Option amount is collected when the application is submitted, the Deposit Option amount minus the premium amount required for the flat extra modal premium will be returned to the Payor.
10. There are many variables (e.g. dividend option and future dividend scales, policy loans, payments to and withdrawals from the policy, etc.) that can affect the policy's performance and changes in these variables can affect the policy's non-guaranteed benefits and values. I understand that benefits and values set out in any illustration are not guaranteed, unless indicated as "Guaranteed", and are based on assumptions that are likely to change.
11. The maximum amount of RBC Growth Insurance™ or RBC Growth Insurance Plus™ applied for using the simplified application process that can be in force on any one life is limited to \$499,999. Any amounts in excess of \$499,999 will be subject to our standard underwriting process and requirements.

**I have read, understand and agree with the terms of the Temporary Life Insurance Receipt and Agreement (applicable only if the minimum payment has been properly made and the Receipt properly detached from the application).**

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

Signature of Proposed Insured A or Parents/Guardians (tutors\* in Quebec) if Proposed Insured A is under age 16 years (under age 18 years in Quebec)

Signature of Proposed Insured B or Parents/Guardians (tutors\* in Quebec) if Proposed Insured B is under age 16 years (under age 18 years in Quebec)

Signature of Proposed Owner (if different than Proposed Insured(s) A and/or B)

Signature of Joint Proposed Owner (if different than Proposed Insured(s) A and/or B)

If Corporate Owner, provide the title of signing officer.  
If Trustee Owner, identify the Trust.

\*In Quebec, if there is more than one tutor, all tutors must sign unless one tutor has been given the authority in a specific mandate to act unilaterally on the child's behalf.

## CONSENT FORM FOR ELECTRONIC DELIVERY OF CONTRACT

This form is **only applicable for New Business**.

**Delivery of Policy:** If you are the proposed policy owner, **you will need to create an Online Insurance Account**. When the policy documents are ready to be delivered, you will receive an email at the email address you provide below. The email will explain how to create an Online Insurance Account so that you can accept electronic delivery of the policy documents.

PROPOSED POLICY OWNER NAME	PREFERRED EMAIL <i>If you have enrolled for Online Insurance, that email address will be used.</i>	MOBILE NUMBER <i>Used only for verification purposes</i>

I consent to the electronic delivery of my policy contract and any associated documents to my Online Insurance Account.

**SIGNATURE OF PROPOSED OWNER**

**DATE (DD/MM/YYYY)**

PROPOSED JOINT POLICY OWNER NAME <i>If any</i>	PREFERRED EMAIL <i>If you have enrolled for Online Insurance, that email address will be used.</i>	MOBILE NUMBER <i>Used only for verification purposes</i>

I consent to the electronic delivery of my policy contract and any associated documents to my Online Insurance Account.

**SIGNATURE OF JOINT PROPOSED OWNER**

**DATE (DD/MM/YYYY)**

### PROPOSED INSURED CONSENT (MUST BE COMPLETED IF THE INSURED AND OWNER ARE DIFFERENT)

**Authorization:** I understand that the policy owner has selected electronic delivery of the policy and associated documents and will have electronic access to all of the information (including but not limited to health/medical information) that I have provided to RBC Life Insurance Company in the application process. I hereby consent to the owner having access to all of this information.

*If you do not want the policy owner to have access to the information you have provided, please do not sign this form and discuss your concern with the advisor.*

**SIGNATURE OF PROPOSED INSURED A**

**SIGNATURE OF PROPOSED INSURED B**

**DATE (DD/MM/YYYY)**

Signature of Parents / Guardians (tutors\* in Quebec) if Proposed Insured A is under 16 years of age (under 18 in Quebec).

Signature of Parents / Guardians (tutors\* in Quebec) if Proposed Insured B is under 16 years of age (under 18 in Quebec).

\* In Quebec, if there is more than one tutor, all tutors must sign unless one tutor has been given the authority in a specific mandate to act unilaterally on the child's behalf.

## AUTHORIZATION

Name of Proposed Insured A  Name of Proposed Insured B

I understand and authorize the Company (RBC Life Insurance Company and its reinsurers) to conduct such investigation as is necessary and to gather personal information concerning me and/or my child (as named above). I understand that the Company will create and maintain files that contain personal information concerning me and/or my child. I also understand that access to personal information concerning me and/or my child will be limited to the employees of, and other persons engaged by, the Company in performance of their duties, or to the persons to whom I have granted access, in writing, or to any other person authorized by law. I further understand that, except when the Company can and does lawfully restrict my access to personal information concerning me and/or my child, I will be permitted to review copies of documents containing said personal information in the possession of the Company, upon paying reasonable copying charges. I further understand that I will be permitted to request access to such documentation and to have any errors in the personal information noted and corrected by formulating a written request to the Company. I authorize and direct the persons, institutions and organizations listed below to disclose and provide to the Company any information, records or other data regarding me and/or my child, my and/or my child's medical history or treatment, or my and/or my child's past and present income or employment that is relevant to this application that they have in their possession or control.

Persons to whom this Authorization applies: Any licensed physician, nurse, counselor, psychologist, social worker, therapist, pharmacist, physiotherapist, chiropractor, or other rehabilitation professional or other health care practitioner; and also any hospital, clinic, pharmacy, or other medical facility or provider of health care or treatment; and also the provincial health insurance plan, any insurance or reinsurance company or other financial institution; and also my and/or my child's employer or former employers; and also any federal or provincial government department or organization, including the federal or provincial income tax authorities and provincial motor vehicle divisions; and also the MIB, LLC; and also any other person, agency, credit bureau or institution having information, records or data regarding me and/or my child. This Authorization to obtain information is valid until revoked by me in writing. If I choose to revoke this Authorization to obtain information, consequences may include termination of the underwriting process and/or the policy, if one has been issued.

I understand that any information, records or data received by the Company pursuant to this Authorization, both medical and non-medical, will be used for the assessment of insurance risk for underwriting purposes; for the purpose of evaluating any claim for benefits; assessing the validity of the policy as issued; and, issuing and delivering the policy. Only to the extent reasonably necessary for those purposes, I authorize the Company to disclose any of the said information, records or data received: to the MIB, LLC; to other insurance companies, or any reinsurer; and, to my Servicing Advisor, such as my insurance advisor or broker; and to other third parties, who are required to maintain the confidentiality of this information (ex: the managing general agency with which my Servicing Advisor is associated (if applicable)). This Authorization to disclose information as reasonably necessary is valid until revoked by me in writing.

I authorize the Company to release to my and/or my child's health care professional any medical information obtained for this insurance application, including the results of any blood or urine test or urine drug screening tests for the purpose of revealing findings that might require further investigation or treatment or for the purpose of explaining any underwriting decision. This Authorization to disclose medical information is valid until revoked by me in writing. A photocopy of this Authorization, as executed by me, will be as valid as the original. Any alteration of this Authorization will render it null and void.

I authorize the Company to disclose to my Servicing Advisor material information regarding my and/or my child's health and personal history solely for the purpose of explaining underwriting decisions. This disclosure could include history of mental illness, infectious disease, drug and alcohol use, record of criminal activity, or other facts that have a material effect on the Company's decision to insure me and/or my child. This Authorization to disclose information for this purpose is valid until 60 days after the later of the day the Company issues a new or amends the existing policy; or the day the Company notifies me in writing that my and/or my child's application has been declined, withdrawn, or filed as incomplete.

Proposed Insured A does not agree to the disclosure of health and personal information to the Servicing Advisor:

Proposed Insured B does not agree to the disclosure of health and personal information to the Servicing Advisor:

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

Signature of Proposed Insured A or Parents/Guardians (tutors\* in Quebec) if Proposed Insured A is under age 16 years (under age 18 years in Quebec)

Signature of Proposed Insured B or Parents/Guardians (tutors\* in Quebec) if Proposed Insured B is under age 16 years (under age 18 years in Quebec)

\* In Quebec, if there is more than one tutor, all tutors must sign unless one tutor has been given the authority in a specific mandate to act unilaterally on the child's behalf.



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# CRS/FATCA DECLARATION OF TAX RESIDENCE FOR INDIVIDUALS



Please complete this form (pages 30 to 32) if RBC Growth Insurance™ or RBC Growth Insurance Plus™ is applied for and the Proposed Policy Owner(s) is (are) a person or a sole proprietorship.

- The **Common Reporting Standard (CRS)** is the new **global standard** for exchanging financial account information to better fight tax evasion and improve tax compliance.
- The **Foreign Account Tax Compliance Act (FATCA)** is a U.S. legislation intended to prevent a U.S. person from evading taxes by investing or holding financial accounts outside the U.S. For further information about this, visit [www.fin.gc.ca/afc/faq/fatca-eng.asp](http://www.fin.gc.ca/afc/faq/fatca-eng.asp).
- We will use the information provided in this form to determine our tax reporting requirements to the Canada Revenue Agency (CRA). The CRA may share this information with the government of a foreign jurisdiction that you are a resident of for tax purposes. In the case of the United States, the CRA may also share the information with that country's government if you are a U.S. citizen.
- Fill in all sections of this form that apply to you. If you do not have all the necessary information when you fill out the form, you may be given up to 90 days to give the missing information to RBC Insurance®. If you do not give the missing information within the specified time frame, RBC Insurance may have to report your financial account to the CRA.
- If you need help with your tax residency information for this form, see Income Tax Folio S5-F1-C1, *Determining an Individual's Residence Status*, which you can find on the CRA website.

Policy number (if available)

--

## Section 1 – Identification of Policy Owner

Last name	First name and initial(s)		Year	Month	Day
		Date of birth*			

### Permanent residence address

Apartment number – street number and name		City
Province, territory, state or sub-entity	Country or jurisdiction	Postal or ZIP code

### Mailing address (only if different from the permanent residence address)

Apartment number – street number and name		City
Province, territory, state or sub-entity	Country or jurisdiction	Postal or ZIP code

## Section 1 – Identification of Joint Policy Owner

Last name	First name and initial(s)		Year	Month	Day
		Date of birth*			

### Permanent residence address (if different from Policy Owner)

Apartment number – street number and name		City
Province, territory, state or sub-entity	Country or jurisdiction	Postal or ZIP code

### Mailing address (only if different from the permanent residence address)

Apartment number – street number and name		City
Province, territory, state or sub-entity	Country or jurisdiction	Postal or ZIP code

\* Required if a tax resident outside Canada

**Section 2 – Declaration of tax residence of Policy Owner**

Tick (✓) all of the options that apply to you.

I am a tax resident of Canada. If you ticked this box, give your social insurance number.

Social insurance number

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I am a tax resident or a citizen of the United States.

If you ticked this box, give your taxpayer identification number (TIN) from the United States.  
 If you do not have a TIN from the United States, have you applied for one?  Yes  No

TIN from the United States

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I am a tax resident of a jurisdiction other than Canada or the United States.

If you ticked this box, give your jurisdictions of tax residence and taxpayer identification numbers.  
 If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:  
 Reason 1: I will apply or have applied for a TIN but have not yet received it.  
 Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.  
 Reason 3: Other reason, provide details.

Jurisdiction of tax residence	Taxpayer identification number	If you do not have a TIN, enter reason 1, 2 or 3

**Section 2 – Declaration of tax residence of Joint Policy Owner**

Tick (✓) all of the options that apply to you.

I am a tax resident of Canada. If you ticked this box, give your social insurance number.

Social insurance number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I am a tax resident or a citizen of the United States.

If you ticked this box, give your taxpayer identification number (TIN) from the United States.  
 If you do not have a TIN from the United States, have you applied for one?  Yes  No

TIN from the United States

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I am a tax resident of a jurisdiction other than Canada or the United States.

If you ticked this box, give your jurisdictions of tax residence and taxpayer identification numbers.  
 If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:  
 Reason 1: I will apply or have applied for a TIN but have not yet received it.  
 Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.  
 Reason 3: Other reason, provide details.

Jurisdiction of tax residence	Taxpayer identification number	If you do not have a TIN, enter reason 1, 2 or 3

**Section 3 – Certification**

I certify that the information given on this form is correct and complete. I will provide RBC Insurance with a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

		Date			
Name of Policy Owner (print)	Signature of Policy Owner		Year	Month	Day
		Date			
Name of Joint Policy Owner (print)	Signature of Joint Policy Owner		Year	Month	Day

Personal information is collected under the *Income Tax Act* to administer tax, benefits and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as an audit, compliance or the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions, and foreign governments to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request corrections if there are errors or omissions. Refer to Info Source at [cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html](http://cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html), Personal Information Bank CRA PPU 005.

## How to fill out the form

The **policy number** is the number RBC Insurance assigned to you. For example, enter the policy number assigned to you in this box. If you do not have such a number, leave this box blank.

### Section 1 – Identification of Policy Owner and Joint Policy Owner

Use Section 1 to identify the Policy Owner. Sometimes the Policy Owner's address may be different from the mailing address. If this is the case, give both addresses.

The **Policy Owner** is the person listed or identified as the owner of the RBC Insurance policy. But, when a person other than a financial institution holds a financial account for the benefit of or for another person as an agent, custodian, nominee, signatory, investment advisor or intermediary, they are not considered the Policy Owner. In such cases, the Policy Owner is the person for whom the policy is held.

If a trust or an estate is listed as the Policy Owner, the trust or the estate is the Policy Owner, not the trustee or the liquidator. Similarly, if a partnership is listed as the Policy Owner, the partnership is the Policy Owner, not the partners in the partnership. In such cases, fill out the *CRS/FATCA Declaration of Tax Residence for Entities* form.

A Policy Owner also includes any person who can access the cash value or designate a beneficiary under a cash value insurance contract or an annuity contract.

### Section 2 – Declaration of tax residence of Policy Owner and Joint Policy Owner

Use Section 2 to identify the Policy Owner's tax residence and taxpayer identification number. If the Policy Owner does not have such a number, give the reason.

Generally, an individual will be a **tax resident** of a jurisdiction if, under the laws of that jurisdiction, they pay or should be paying tax there because of their domicile, residence or a similar criterion.

Individuals who are tax residents in more than one jurisdiction can rely on the tie breaker rules in tax conventions (when they apply) to resolve cases of dual tax residence.

For more information on tax residency, talk to your tax adviser or go to [oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760](https://oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760).

A **taxpayer identification number**, often referred to by its abbreviation, TIN, is a unique identifier made of letters or numbers that the jurisdiction assigns to an individual. The jurisdiction uses the TIN in administering its tax laws to identify the individual. Enter the TIN in its official format. For more details about acceptable TINs, go to [oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759](https://oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759).

If you do not have a TIN from the United States, you have 90 days to apply for one and 15 days after you receive it to give it to RBC Insurance.

Reasons that fall under "Reason 3: **Other reason**" for not having a TIN include not being eligible to receive one. However, if you are eligible to receive a TIN but you do not have one, you have 90 days to apply for one through your jurisdiction of residence. You have 15 days after you receive it to give it to RBC Insurance.

### Section 3 – Certification

Make sure you fill in and sign Section 3 before you give this form to RBC Insurance.

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# CRS/FATCA DECLARATION OF TAX RESIDENCE FOR ENTITIES



Please complete this form (pages 34 to 39) if RBC Growth Insurance™ or RBC Growth Insurance Plus™ is applied for and the Proposed Policy Owner(s) is (are) a corporation, a partnership, a trust, an association, a fund, a joint venture, an organization, a syndicate, or a foundation.

- The **Common Reporting Standard (CRS)** is the new **global standard** for exchanging financial account information to better fight tax evasion and improve tax compliance.
- The **Foreign Account Tax Compliance Act (FATCA)** is a U.S. legislation intended to prevent a U.S. person from evading taxes by investing or holding financial accounts outside the U.S. For further information about this, visit [www.fin.gc.ca/afc/faq/fatca-eng.asp](http://www.fin.gc.ca/afc/faq/fatca-eng.asp).
- For this form, an entity includes a corporation, a partnership, a trust, an association, a fund, a joint venture, an organization, a syndicate, or a foundation. **If you are a sole proprietorship, fill out the *CRS/FATCA Declaration of Tax Residence for Individuals form*.**
- We will use the information provided in this form to determine our tax reporting requirements to the Canada Revenue Agency (CRA).
- Each holder of a joint policy has to fill out a Declaration of Tax Residence form. The CRA may share that information with the government of a foreign jurisdiction that a person identified on the form is a resident of for tax purposes. In the case of the United States, the CRA may also share the information with that country's government if the person is a U.S. citizen.
- Fill in all sections of this form that apply to you and the Annex if required. If you do not have all the necessary information when you fill out the form, you may be given up to 90 days to give the missing information to RBC Insurance®. If you do not give the missing information within the specified time frame, RBC Insurance may have to report your financial account to the CRA.
- If you need help with your tax residency information for this form, see Residency of a corporation at [cra.gc.ca/tx/nnrstdnts/bsnss/bs-rs-eng.html](http://cra.gc.ca/tx/nnrstdnts/bsnss/bs-rs-eng.html) or Income Tax Folio S6-F1-C1, *Residence of a Trust or Estate*, which you can find on the CRA website.
- For more information on how to fill out this form, see the General information section at the end of this form. In that section, you will also find definitions of terms we use in this form.

Policy number (if available)

Section 1 – Identification of Policy Owner																										
Legal name of the entity	Jurisdiction of incorporation or organization																									
<b>Permanent residence address</b>																										
Suite number – street number and name	City																									
Province, territory, state or sub-entity	Country or jurisdiction	Postal or ZIP code																								
<b>Mailing address (only if different from the permanent residence address)</b>																										
Suite number – street number and name	City																									
Province, territory, state or sub-entity	Country or jurisdiction	Postal or ZIP code																								
Section 2 – Declaration of tax residence																										
Tick (✓) all of the options that apply to the entity.																										
<input type="checkbox"/> <b>The entity is a tax resident of Canada.</b> If the entity is a trust, give its trust account number. Otherwise, give its business number.																										
<input type="text" value="Business number"/>	<input type="text" value="Trust account number"/>																									
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>													<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">T-</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>		T-											
T-																										
<input type="checkbox"/> <b>The entity is a tax resident of the United States.</b>																										
<input type="checkbox"/> <b>The entity is a tax resident of a jurisdiction other than Canada or the United States.</b> If you ticked this box, give the entity's jurisdictions of tax residence and taxpayer identification numbers (TINs).																										
If the entity does not have a TIN for a specific jurisdiction, give the reason using one of these choices:																										
Reason 1: The entity will apply or has applied for a TIN but has not yet received it.																										
Reason 2: The entity's jurisdiction of tax residence does not issue TINs to its residents.																										
Reason 3: Other reason – provide details.																										
<b>Jurisdiction of tax residence</b>	<b>Taxpayer identification number</b>	<b>If the entity does not have a TIN, enter reason 1, 2 or 3 (as described in General information, Section 2)</b>																								

**Section 3 – Entity classification**

**Section 3.1 – Is the entity a financial institution?**

- No.** Go to Section 3.3.
- Yes.** Give the entity's global intermediary identification number (GIIN) and go to Section 3.2.

□ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □	□ □	□ □ □ □
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If the entity does not have a GIIN, give the reason why.

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**Section 3.2 – Does the financial institution meet all of these criteria?**

- It is a resident of a non-participating jurisdiction (see <http://www.cra-arc.gc.ca/tx/nnrstdnts/nhncdrprtng/crs/jrsdctns-eng.html> for the list of participating jurisdictions).
- At least 50% of its gross income is from investing or trading in financial assets.
- It is managed by another financial institution.

- No.** Go to Section 4.
- Yes.** List the controlling persons of the entity in the Annex and then go to Section 4.

**Section 3.3 – Is the entity a specified United States person?**

- No.** Go to Section 3.4.
- Yes.** Give the TIN from the United States and go to Section 3.4.

TIN from the United States									
□	□	□	□	□	□	□	□	□	□

If you do not have a TIN from the United States, have you applied for one?  Yes  No

**Section 3.4 – Select the one option that best describes the entity:**

- The entity is a corporation with shares that regularly trades on an established securities market. It can also be a corporation related to that corporation. If this is the case, **go to Section 4.**
- The entity is engaged in an active trade or business – less than 50% of its gross income is passive income, and less than 50% of its assets produce passive income. If this is the case, **go to Section 4.**
- The entity is a government, a central bank or an international organization (or an agency of one). If this is the case, **go to Section 4.**
- The entity is an active non-financial entity other than one described in the three previous options (see paragraphs d) to i) of the definition of active non-financial entity). If this is the case, **go to Section 4.**
- The entity is a passive non-financial entity. List the controlling persons of the entity in the Annex and then **go to Section 4.**

**Section 4 – Certification**

I am an authorized signing officer of this entity and I certify that the information given on this form and in the Annex is correct and complete. I will provide RBC Insurance with a new form within 30 days of any change in circumstances that causes the information on this form to become inaccurate or incomplete.

Authorized person's name (print)	Authorized person's signature	Office or position	Year	Month	Day

Personal information is collected under the *Income Tax Act* to administer tax and related programs. It may also be used for any purpose related to the administration or enforcement of the Act, such as an audit, compliance or the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions, and foreign governments to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request corrections if there are errors or omissions. Refer to Info Source at [cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html](http://cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html), Personal Information Bank CRA PPU 047.



<b>Annex – Controlling persons</b>					
<p>Identify <b>ONLY</b> the entity's controlling persons who directly/indirectly own or control at least <b>25%</b> of the company. If no individual is named as controlling the corporation, the director or senior official of the corporation is considered the corporation's controlling person. Please complete additional Annex pages if there are more than two controlling persons. Make sure to give the type of controlling person for each controlling person on your list or forms.</p> <p>For more information regarding controlling persons and how to complete this section, please refer to the General Information pages.</p>					
<b>Controlling person 1</b>					
Last name	First name and initial(s)		Year	Month	Day
Date of birth**					
Type of controlling person (Refer to the General Information, Annex–Controlling Persons section for a list of types.)					
<b>Permanent residence address</b>					
Apartment number – street number and name				City	
Province, territory, state or sub-entity	Country or jurisdiction			Postal or ZIP code	
<b>Mailing address (only if different from the permanent residence address)</b>					
Apartment number – street number and name				City	
Province, territory, state or sub-entity	Country or jurisdiction			Postal or ZIP code	
<b>Declaration of tax residence of Controlling person 1</b>					
Tick (✓) all of the options that apply to you.					
<input type="checkbox"/> <b>The controlling person is a tax resident of Canada.</b>		Social insurance number			
If you ticked this box, give the controlling person's social insurance number <b>ONLY if the controlling person is also a tax resident outside Canada.</b>					
<input type="checkbox"/> <b>The controlling person is a tax resident or a citizen of the United States.</b>		TIN from the United States			
If you ticked this box, give the controlling person's taxpayer identification number (TIN) from the United States.					
If the controlling person does not have a TIN from the United States, has that person applied for one?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> <b>The controlling person is a tax resident of a jurisdiction other than Canada or the United States.</b> If you ticked this box, give the controlling person's jurisdictions of tax residence and TINs. If the controlling person does not have a TIN, enter reason 1, 2 or 3 as described in General information, Section 2.					
<b>Jurisdiction of tax residence</b>	<b>Taxpayer identification number</b>	<b>If the person does not have a TIN, enter reason 1, 2 or 3</b>			

\*\* Required if person is a tax resident outside of Canada.



## General information

### How to fill out the form

The **policy number** is the number RBC Insurance assigned to the entity. For example, enter the number assigned to the entity (such as a bank account number or an insurance policy number) in this box. If you do not have such a number, leave this box blank.

#### Section 1 – Identification of Policy Owner

Use Section 1 to identify the Policy Owner. Sometimes the address of an account holder may be different from their mailing address. If this is the case, give both addresses.

The **Policy Owner** is the person listed or identified as the holder of the financial account by RBC Insurance that maintains the account. But, when a person other than a financial institution holds a financial account for the benefit of or for another person as an agent, custodian, nominee, signatory, investment advisor or intermediary, they are not considered the account holder. In such cases, the account holder is the person for whom the account is held.

If a trust or an estate is listed as the holder of a financial account, the trust or the estate is the account holder, not the trustee or the liquidator. Similarly, if a partnership is listed as the holder of a financial account, the partnership is the account holder, not the partners in the partnership.

An account holder also includes any person who can access the cash value or designate a beneficiary under a cash value insurance contract or an annuity contract.

#### Section 2 – Declaration of tax residence

Use Section 2 to identify the entity's tax residence and taxpayer identification number. If the entity does not have such a number, give the reason.

Generally, an entity will be a **tax resident** of a jurisdiction if, under the laws of that jurisdiction, it pays or should be paying tax there because of its domicile, residence, place of management or incorporation, or a similar criterion. For this form:

- a) a partnership, a limited partnership or a similar legal arrangement is considered to reside in the jurisdiction where its place of management is located;
- b) a trust is considered to reside in the jurisdiction where its place of management and control is located; and
- c) an entity that is a "United States person" is a tax resident of the United States.

Entities that are tax residents in more than one jurisdiction can rely on the tie-breaker rules in tax conventions (when they apply) to resolve cases of dual tax residence. For more information on tax residency, talk to your tax adviser or go to [oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760](http://oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760).

A **taxpayer identification number**, often referred to by its abbreviation, TIN, is a unique combination of letters or numbers that a jurisdiction assigns to an individual or entity. The jurisdiction uses the TIN in administering its tax laws to identify the individual or entity. Enter the TIN in its official format. For more details about acceptable TINs, go to [oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759](http://oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759).

A reason that falls under "Reason 3: **Other reason**" for not having a TIN is not being eligible to receive one. However, if you are eligible to receive a TIN but you do not have one, you have 90 days to apply for one through your jurisdiction of residence. You have 15 days after you receive it to provide this information to RBC Insurance.

#### Section 3 – Entity classification

Use Section 3 to identify what type of entity the account holder is.

In Section 3.1, identify if the entity is a financial institution and whether it has a global intermediary identification number (GIIN). A GIIN is a unique identifier the Internal Revenue Service of the United States issues to financial institutions. Reasons for not having a GIIN include being a deemed compliant foreign financial institution or a non-participating foreign financial institution.

A **financial institution** is a custodial institution, a depository institution, an investment entity or a specified insurance company. An entity that is a tax resident of Canada can classify itself as a financial institution only if it is a Canadian financial institution. However, an entity that is a prescribed non-reporting financial institution in Canada can classify itself as a financial institution even if it is not a Canadian financial institution.

Use Section 3.2 to determine whether the financial institution is a type of investment entity that needs to identify its controlling persons in the Annex. An entity has to fill out the Annex if it resides in a non-participating jurisdiction and is an entity described in paragraph b) of the definition of investment entity.

Use Sections 3.3 and 3.4 to determine if an entity, other than a financial institution, has to identify its controlling persons in the Annex.

#### Section 4 – Certification

Make sure you complete the Annex where applicable, and fill in and sign Section 4 before you give this form to RBC Insurance.

### Annex – Controlling persons

Use the Annex to identify the controlling persons of the entity.

**Controlling persons** of an entity are the natural persons who exercise direct or indirect control over the entity. Generally, whether a person exercises control over an entity is determined in a way similar to how beneficial owners are identified in Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

For example, a person is generally considered to control a corporation if they directly or indirectly own or control at least 25% of the corporation. If no individual is named as controlling the corporation, the director or senior official of the corporation is considered the corporation's controlling person.

In the case of a trust, controlling persons include its settlors, trustees, protectors (if any), beneficiaries (or class of beneficiaries) and any other natural persons exercising ultimate effective control over the trust.

A settlor, trustee, protector or beneficiary of a trust may be an entity. If so, to determine the trust's controlling persons, you have to look at the entity's chain of control or ownership to identify the natural persons exercising ultimate effective control over the entity. You then have to report those you find as controlling persons of the trust. Financial institutions may apply this requirement in a way similar to how beneficial owners are identified in Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

In the case of a legal arrangement other than a trust, controlling persons are persons in equivalent or similar positions.

Enter the description that best describes the type of controlling person:

- 1) Direct owner of a corporation or other legal person
- 2) Indirect owner of a corporation or other legal person (through an intermediary)
- 3) Director or senior official of a corporation or other legal person
- 4) Settlor of a trust
- 5) Trustee of a trust
- 6) Protector of a trust
- 7) Beneficiary of a trust
- 8) Other controlling person of a trust
- 9) Equivalent to a settlor of a legal arrangement other than a trust (e.g. partnership)
- 10) Equivalent to a trustee of a legal arrangement other than a trust (e.g. partnership)
- 11) Equivalent to a protector of a legal arrangement other than a trust (e.g. partnership)
- 12) Equivalent to a beneficiary of a legal arrangement other than a trust (e.g. partnership)
- 13) Other controlling person of a legal arrangement other than a trust (e.g. partnership)

### Definitions

#### Active non-financial entity

An active non-financial entity is an entity other than a financial institution that meets at least one of the following criteria:

- a) Less than 50% of the entity's gross income for the preceding fiscal year is passive income, and less than 50% of the assets the entity held during the preceding fiscal year are assets that produce or are held to produce passive income.
- b) The stock of the entity is regularly traded on an established securities market or the entity is related to an entity whose stock is regularly traded on an established securities market.
- c) The entity is a governmental entity, an international organization, a central bank or an entity wholly owned by one or more of the above.
- d) Substantially all of the activities of the entity are made up of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution. But, an entity does not qualify for this status if the entity functions (or presents itself) as an investment fund. Examples of an investment fund include a private equity fund, a venture capital fund, a leveraged buyout fund and any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.
- e) The entity is a start-up, is not yet operating a business and has no operating history, but it is investing capital in assets with the intention of operating a business other than the business of a financial institution. This is as long as the entity does not qualify for this exception later than 24 months after the date it was first organized.
- f) The entity is in liquidation and was not a financial institution in the past five years. And, it is in the process of liquidating its assets or is reorganizing with the intention of continuing or restarting operations in a business other than the business of a financial institution.

**Active non-financial entity (continued)**

- g) The entity mainly engages in financing and hedging transactions with, or for, related entities that are not financial institutions. It does not provide financing or hedging services to an entity that is not a related entity. This is as long as the group of any such related entities is mainly engaged in a business other than the business of a financial institution.
- h) The entity is a non-profit entity that meets all of the following requirements:
- It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic or educational purposes. Or it is established and operated in its jurisdiction of residence and is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or organization operated exclusively to promote social welfare.
  - It does not have to pay income tax in its jurisdiction of residence.
  - It has no shareholders or members who have a proprietary or beneficial interest in its income or assets.
  - The laws of the entity's jurisdiction of residence that apply or the entity's formation documents do not allow any of the entity's income or assets to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than in line with the entity's charitable activities, as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property the entity bought.
  - The laws of the entity's jurisdiction of residence that apply or the entity's formation documents require that, as soon as the entity is liquidated or dissolved, all of its assets will be distributed to a governmental entity or other non-profit entity. Or they will be handed over to the government of the entity's jurisdiction of residence or one of its political subdivisions.
- i) The entity is organized in a United States territory, and all of the owners of the payee are tax residents of that United States territory.

**Canadian financial institution**

A Canadian financial institution is an entity that resides in Canada or a foreign entity that has a branch in Canada. The entity can be any of these:

- an authorized foreign bank within the meaning of section 2 of the *Bank Act* in respect of its business in Canada, or a bank that act applies to;
- a cooperative credit society, a savings and credit union or a caisse populaire regulated by a provincial act;
- an association regulated by the *Cooperative Credit Associations Act*;
- a central cooperative credit society, as defined in section 2 of the *Cooperative Credit Associations Act*, or a credit union central or a federation of credit unions or caisse populaire that is regulated by a provincial act other than one enacted by the Government of Quebec;
- a financial services cooperative regulated by *An Act respecting financial services cooperatives*, R.S.Q., c. C-67.3 or by *An Act respecting the Mouvement Desjardins*, S.Q. 2000, c. 77;
- a life company or a foreign life company that the *Insurance Companies Act* applies to, or a life insurance company regulated by a provincial act;
- a company the *Trust and Loan Companies Act* applies to;
- a trust company regulated by a provincial act;
- a loan company regulated by a provincial act;
- an entity authorized under provincial law to deal in securities or any other financial instruments or to provide portfolio management, investment advice, fund administration or fund management services;
- an entity that is presented or promoted to the public as a collective investment vehicle, mutual fund, exchange traded fund, private equity fund, hedge fund, venture capital fund, leveraged buyout fund or similar investment vehicle that is established to invest or trade in financial assets and is managed by an entity referred to in j) above;
- an entity that is a clearing house or clearing agency;
- a department or an agent of the Crown or of a province that accepts deposit liabilities.

**Investment entity**

There are two types of entities that can be considered an investment entity:

- An entity that mainly carries on the business of one or more of the following activities or operations for a customer:
  - trading in money market instruments (such as cheques, bills, certificates of deposit and derivatives); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
  - individual and collective portfolio management; or
  - investing in, administering or managing financial assets or money for other persons.
- An entity the gross income of which is mainly from investing, reinvesting or trading in financial assets. The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company or the first type of investment entity described in a) above.

**Passive non-financial entity**

A passive non-financial entity is an entity that is:

- not a financial institution or an active non-financial entity;
- an investment entity described in paragraph b) of the definition of an investment entity; or
- not a withholding foreign partnership nor a withholding foreign trust under the United States Treasury Regulations.

**Related entity**

An entity is considered to be related if one entity controls the other or if the two entities are under common control (the "related entity group"). Control means direct or indirect ownership of:

- in the case of a corporation, more than 50% of the votes and value;
- in the case of a trust, an interest as a beneficiary in the trust with a fair market value that is greater than 50% of the fair market value of all interests as a beneficiary in the trust;
- in the case of a partnership, interest as a member in the partnership that entitles the member to more than 50% of the income or loss of the partnership, or of the assets (after deducting any liabilities) if the partnership were to stop existing; and
- in the case of two entities that are investment entities described in paragraph b) of the definition of investment entity, the two entities are considered related entities if they are under common management and such management has to meet the due diligence obligations of the investment entities.

**Specified United States person**

A specified United States (U.S.) person is a U.S. person other than any of the following:

- a corporation the stock of which is regularly traded on one or more established securities markets;
- a corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. *Internal Revenue Code* as a corporation described in a) above;
- the United States or any wholly owned agency or instrumentality of the United States;
- a state of the United States, a U.S. territory, a political subdivision of any of the foregoing or a wholly owned agency or instrumentality of any one or more of these;
- an organization that does not have to pay tax 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*;
- a bank as defined in section 581 of the U.S. *Internal Revenue Code*;
- a real estate investment trust as defined in section 856 of the U.S. *Internal Revenue Code*;
- a regulated investment company as defined in section 851 of the U.S. *Internal Revenue Code* or an entity registered with the U.S. Securities and Exchange Commission under the U.S. *Investment Company Act of 1940*;
- a common trust fund as defined in section 584(a) of the U.S. *Internal Revenue Code*;
- a trust that does not have to pay 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 one of its states;
- a broker as defined in section 6045(c) of the U.S. *Internal Revenue Code*;
- a tax-exempt trust under a plan that is described in section 403(b) or section 457(b) of the U.S. *Internal Revenue Code*.

**United States person**

A United States (U.S.) person is any of the following:

- a U.S. citizen or an individual who resides in the United States;
- a partnership or corporation organized in the United States or under the laws of the United States or any State thereof;
- a trust if
  - a court in the United States would have the authority under applicable law to deliver orders or judgments about substantially all issues regarding the administration of the trust, and
  - one or more U.S. persons have the authority to control all the trust's major decisions;
- the estate of a person who is a citizen or resident of the United States.

## ADVISOR'S REPORT

1. Who initiated this request for Insurance? You  Proposed Owner(s)  Proposed Insured(s)
2. Are you (the Advisor) the Owner, Proposed Insured, payor or beneficiary on this policy? Yes  No
3. Are you (the advisor) related to the Proposed Owner(s) or Proposed Insured(s)? Yes  No   
 A related party includes:
  - a) immediate family member
  - b) a corporation where the Advisor or a family member, individually or together owns 50% or more of any class of shares of the corporation
  - c) where the Advisor is incorporated, any director, officer, employee or agent and any parent, subsidiary or affiliated corporation
 If Yes, please provide details:
4. Special date required?
5. Evidence - The following requirements have been ordered:
 

Blood Profile  MVR  Paramedical  Urinalysis  Vitals

Other  Specify

Para-Medical Company Used  Specify

**6. Advisor's Declaration:**

**I have clearly explained the provisions and limitations of the Policy being applied for (and the Temporary Insurance Agreement, if applicable) to the Proposed Insured(s) and the Proposed Owner(s). All of the questions in the application were clearly asked of, or read by, the Proposed Insured(s) and the Proposed Owner(s). To the best of my knowledge, they understood all of the questions. To the best of my knowledge, all of the answers and statements on the application have been fully and accurately recorded. I am not aware of any pertinent information about the Proposed Insured(s) that has not been disclosed on the application. If a policy is issued, I will deliver it to the Proposed Owner(s) only after obtaining confirmation that all conditions for delivery have been completely satisfied and there has been no change in the insurability of the Proposed Insured(s). I understand that I cannot modify the application, the Temporary Insurance Agreement or the terms of the policy, if issued. I have complied with my duties and obligations in regard to the Advisor Disclosure, including providing an Advisor Disclosure Statement in writing to the Proposed Owner(s).**

Date (dd/mm/yyyy)				
Advisor's Signature				
Advisor's Name				
Advisor's Company Name				
Marketing Office/MGA				
Share of Commission	<input style="width: 50px;" type="text"/> %	Servicing Advisor Code <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/> %	Advisor Code <input style="width: 150px;" type="text"/>

Please use this space for any special instructions or additional information which would be helpful in the underwriting of this risk.



Insurance