



GROUP NAME		DATE OF BIRTH		GENDER		LANGUAGE OF POLICY			
International Medical Graduates		Month _____ Day _____ Year _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		English <input type="checkbox"/> French <input type="checkbox"/>			
NAME OF PROPOSED INSURED		FIRST		MIDDLE		LAST			
ADDRESS				CITY		PROVINCE			
EMAIL ADDRESS			TELEPHONE NUMBER			ALTERNATE CONTACT NUMBER (PARENT, SIBLING, SPOUSE)			
FULL NAME OF BENEFICIARY FOR SURVIVOR BENEFIT						RELATIONSHIP TO INSURED			
Hospital/Facility for Residence				Are you an International Medical Graduate?					
				Yes <input type="checkbox"/> No <input type="checkbox"/>					
QUESTIONNAIRE							Yes	No	
1. Are you a Canadian Citizen or a Permanent Resident (landed immigrant)?							<input type="checkbox"/>	<input type="checkbox"/>	
2. For the period of time commencing 180 days prior to the date of this application form, are you now or have you been unable to work continuously on a full-time basis in the usual and customary manner performing all of the duties of your occupation and/or have you been homebound and/or hospitalized due to an accident or sickness?							<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you currently have the total loss of: your power of speech, or your hearing in both ears, or sight in both eyes, or the use of both hands, or the use of both feet, or the use of one hand and one foot?							<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you used tobacco products or tobacco surrogates (marijuana, hashish, nicotine gum, transdermal nicotine patch, Zyban or other smoker cessation products, betel nuts, betel leaves, supari, paan, gutka or shisha) within the last 12 months?							<input type="checkbox"/>	<input type="checkbox"/>	
5. Has an individual, group or association insurance company ever declined you disability coverage?							<input type="checkbox"/>	<input type="checkbox"/>	
Details for "YES" answers:									
#									
#									
PLEASE COMPLETE THE FOLLOWING TABLE IF YOU HAVE ANY INDIVIDUAL, GROUP OR ASSOCIATION DISABILITY INSURANCE IN FORCE OR PENDING OTHER THAN THE COVERAGE BEING APPLIED FOR WITH RBC LIFE. IF THIS TABLE IS LEFT BLANK, YOU ARE CONFIRMING THAT YOU HAVE NO OTHER DISABILITY INSURANCE IN FORCE OR PENDING, OTHER THAN RBC LIFE.									
COMPANY		AMOUNT OF MONTHLY BENEFIT AND BENEFIT PERIOD		TYPE (GROUP, INDIVIDUAL, ASSOCIATION)		TAXABLE?		ARE YOU REPLACING THIS COVERAGE WITH THE COVERAGE APPLIED FOR IN THIS APPLICATION?	
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
RBC INSURANCE APPLIED FOR									
PLAN TYPE (Circle one)		WAITING PERIOD		BENEFIT PERIOD	BENEFIT AMOUNT	FIO	BENEFITS		EFFECTIVE DATE OF COVERAGE REQUESTED
Enhanced Specialty		90 days		To age 65	\$ _____	\$ _____	COLA, HCR		Month: _____
Pre-Authorized Debit (PAD) form/void cheque and a deposit are required — payable to RBC Life Insurance Company. If no deposit is being provided, I authorize RBC Life to withdraw the initial premium by PAD.									



It is understood and agreed as follows:

- 1) I have read all the foregoing statements and answers. They are all true and complete. They are part of this application and any individual policy issued as a result.
- 2) No agent or broker has authority to waive the answer to any question, to determine insurability, to waive any rights or requirements, or to make or alter any contract or policy.
- 3) RBC Life may be entitled to render this policy null and void if there is misrepresentation or non-disclosure in any part of this application that is material to the insurance risk.
- 4) Any policy issued as a result of this form shall become effective on the Date of Issue provided that: (a) the policy has been tendered for delivery to me; and (b) the answers provided on this application have not changed from the date of this application to the Date of Issue date; and (c) the initial premium required has been paid. I will immediately advise RBC Life in writing, of any changes in the answers to the question in this application between the time of this application and the delivery of the policy.
- 5) If applicable, any policy issued as a result of this application shall be subject to a group/association offset amendment and/or a pre-existing conditions amendment (which contains a coverage exclusion based on my pre-existing health), and/or a travel exclusion (which limits coverage while travelling outside of Canada or the United States). If individual disability coverage is part of a Wage Loss Replacement Plan, the policy will include a Wage Loss Replacement Amendment.
- 6) I acknowledge that if I answered "yes" to question four (4), I will not be covered under the Presumptive Total Disability Benefit provision that is contained in the policy issued to me, for the specific condition(s) that required question four (4) to be answered "yes".
- 7) I understand that when RBC Life determines the amount of insurance coverage that it will issue, they will rely on the information I have provided about any existing or pending disability coverage. I acknowledge that if I either do not discontinue coverage that I have indicated will be replaced or I have not disclosed all existing coverage (other than RBC Life), the benefits under this policy may be reduced or not provided at all.
- 8) The actual amount RBC Life will issue will be based on the maximum amount I qualify for, any other disability coverage in force or pending that is not being replaced or cancelled and RBC Life Issue and Participation Limits. RBC Life is not required to specifically notify me if the amount applied for and the amount issued is different.
- 9) RBC Life shall not be liable for any claim on account of any benefits applied for, commencing prior to the effective date of coverage. Notwithstanding any interim premium payments, no temporary or conditional insurance is being provided to either the proposed insured or the proposed owner.
- 10) Acceptance of any policy issued as a result of this application form will ratify my acceptance of any differences in the terms of coverage between the policy wording and as stated in this form.
- 11) I have read the section entitled "Collection and Use of Personal Information" appearing in this application and understand and agree to its terms.

SIGNATURE

Proposed Insured:

Date:



Pre-Authorized Debit (PAD) Agreement

The Payor(s) named below agrees that:

Table with 2 columns: Item ID (A-H) and Description. Contains terms of the PAD agreement including authorization of withdrawals, notification requirements, and dispute resolution.

2. Add to existing PAC with policy number(s)

3. Special Requests (withdrawals are limited between the 1st and 28th of the month)

Bank information

Please attach a sample cheque marked void (a line of credit account cannot be used).

Form with fields for: NAME OF BANK OR FINANCIAL INSTITUTION, TRANSIT NUMBER, BANK NUMBER, ACCOUNT NUMBER, ADDRESS, CITY, PROVINCE, POSTAL CODE, DATED AT, SIGNATURE OF PAYOR, etc.



TO BE DETACHED AND KEPT BY THE PROPOSED INSURED

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, Inc., 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 of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, Inc. and financial institutions.

We may also use this information and share it with RBC® companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know 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.



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 Life.

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”.

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 asking for a copy of our “Financial fraud prevention and privacy protection” brochure, by calling us at the toll free number shown above or by visiting our web site at www.rbc.com/privacysecurity

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