



SECTION 1 – GENERAL ENROLMENT INFORMATION

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

Name of Employer
RBC Policy Number
Billing Division Number
Employee Name
Last Name
First Name
Middle Initial
Plan Member ID Number

Any previous beneficiary designation or trustee appointment is revoked.

SECTION 2 – BENEFICIARY DESIGNATION

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

Table with columns: Beneficiary, Date of Birth, Gender, Relationship, %. Includes sub-headers for Last Name, First Name, Middle Initial.

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

If you do not designate a beneficiary, the proceeds will be paid to your estate. For Residents of Quebec Only: I hereby make the above spousal beneficiary designation: [] Revocable; I may change this beneficiary designation at any time

SECTION 3 – DESIGNATING CONTINGENT BENEFICIARIES

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

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

Table with columns: Contingent Beneficiary, Date of Birth, Gender, Relationship, %. Includes sub-headers for Last Name, First Name, Middle Initial.

If you do not designate a beneficiary, the proceeds will be paid to your estate. For Residents of Quebec Only: I hereby make the above spousal beneficiary designation: [] Revocable; I may change this beneficiary designation at any time

SECTION 4 – APPOINTMENT OF TRUSTEE

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

Trustee (Last Name, First Name) Relationship to Employee

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

SECTION 5 – AUTHORIZATIONS & DECLARATIONS

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

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

Witness (other than beneficiary) Signature of Employee