



Name: _____

Policy No. _____

Option Date: _____

RBC Life Insurance Company
P.O. Box 515, Station A, Mississauga, ON L5A 4M3
Tel: 1-888-604-3434
E-mail: canadacallcentre@rbc.com

PLEASE ANSWER ALL QUESTIONS:

- 1. What option amount do you wish to apply for? \$ _____
2. Are you currently disabled? [] Yes [] No if "yes", indicate the nature of your disability and the date of onset: _____
3. a. Describe all coverage, in force and pending. Include disability coverage under (A) individual, (C) association, (D) group LTD, (E) salary continuation or employer sick pay disability income coverage, (O) accident only, (V) government plans or other (specify) _____. If none, write "none". If no other coverage is indicated, we assume the answer is "none, other than any coverage with RBC Insurance".

Table with 11 columns: Company, Issue Date, Life, Personal Disability, Type of Coverage A,C, etc. from above, Monthly Indemnity, Taxable Yes No, Elimination Period, Benefit Period, To be cont'd? Yes No, Replacement Date. It contains four rows of empty boxes for data entry.

- b. If you have group coverage, would you accept the addition of a group offset amendment, if required, due to your group coverage in force? [] Yes [] No
4. Are you eligible for Employment Insurance benefits (EI)? [] Yes [] No
5. a. What is your current occupation? _____

Complete section b, c, or d, as appropriate.

- b. Are you an employee? [] Yes [] No If "yes", what is your current annual salary? \$ _____
c. Are you a commissioned salesperson? [] Yes [] No
If "yes", what is your net income after business expenses? \$ _____
d. Are you self-employed? [] Yes [] No If "yes", what is your percentage of ownership? _____ %
How is your business organized? (Check one) [] Sole owner [] Partnership [] Corporation
Do you income split? [] Yes [] No If "yes", how many hours per week does your spouse/child work in the business? _____
What is the amount of income split to your spouse/child? \$ _____
If your business is incorporated, provide your proportionate share of the corporate profit/loss amount prior to business income tax for the most recent tax year: Profit/Loss (circle) \$ _____
e. Complete in all cases: What was your net annual earned income, as declared on your federal income tax forms, for the most recent tax year? \$ _____

(Note: Net earned income is your net income after all business expenses, but before personal income taxes. Earned income does not include other sources of income such as EI/WCB benefits, RRSP income, family allowance or any income which is not dependent on your ability to work.)

PLEASE SUBMIT PAGES 1 TO 3 OF YOUR MOST RECENT FEDERAL PERSONAL TAX RETURN. THESE ARE REQUIRED TO CONSIDER YOUR APPLICATION.

It is understood and agreed as follows:

1. I have read the statements and answers made above. They are, to the best of my knowledge and belief, true and complete and correctly recorded. They will become part of the Application and the basis for any increase in insurance issued on it.
2. I will discontinue all policies shown to be discontinued in answer to question 3 on or before the date(s) indicated. RBC Insurance will rely on such answers in determining the increase, if any, in insurance it will issue.
3. Your application is subject to approval by RBC Insurance. If approved, coverage will become effective as of the option date shown on the front of this form. Any increase in insurance must be justified according to the Company's issue and participation limits in effect on the date this Application is signed.
4. The Incontestable clause of the Policy will apply to the increase for a period of two years from the date the increase becomes effective, excluding any time you are disabled.
5. The information which you provide to us will be used solely for the purpose of evaluating your insurability.
6. I understand that the Company will create and maintain a file for the purposes of this application and any subsequent claim. Only the employees, mandatories or agents responsible for such purpose will have access to it. I am entitled to consult the personal information contained in this file and where applicable have it rectified, by formulating a written request to the Company.
Please change agent of record to agent 52014.

The Company is authorized to use any previously collected information in its evaluation of this application.

Signed at _____ Date _____

X _____ X _____
Signature of Insured Signature of Owner (if other than the insured)

REMARKS: SIGN HERE

FOR RBC INSURANCE USE ONLY:

Agent Number: 52014

Agent Name: _____

Mode: _____

Old Premium: _____

New Total Premium: _____

Cost per \$100: _____

Base Unit Offered: _____

Double Option Offered: _____

Carryover Offered: _____

Total Amount Offered: _____

Date of Notification: _____

SCAN AND EMAIL TO
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