



Change of Beneficiary

This form is to be used to change the beneficiary designation on the policy

Policy Owner(s)	Policy Number
Life (or Lives) Insured	

The undersigned Owner(s) of this Policy declare that when the proceeds of the life benefit of this Policy become payable, they be paid to

	Full name or corporate name	Relationship to Life Insured or if in Quebec, state Relationship to Policy Owner	Date of birth if minor	% Share*	Designation**
1					<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
2					<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
3					<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

* If more than one beneficiary is appointed, proceeds will be payable in equal shares unless stated otherwise. Shares must total 100%

** The designation of an **Irrevocable Beneficiary** means that the Policy Owner cannot change the beneficiary designation without the irrevocable beneficiary's signed consent. The Policy Owner must also obtain the irrevocable beneficiary's signed consent in order to assign the policy, take out a loan, surrender the coverage, or otherwise modify the policy. These consents are not required from a **Revocable Beneficiary**. The revocable beneficiary does not have any policy ownership involvement or legal rights to the policy. Once the Policy Owner names a new beneficiary, the previous revocable beneficiary's interest is extinguished.

If the Beneficiary is a minor, state Beneficiary's date of birth and full name and address of an appointed trustee, if any. (Please note that in Quebec, significant differences exist between the rights of a tutor and a trustee. Consult your professional advisor.)

Trustee's full name	Trustee Relationship to Life Insured
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Contingent Beneficiary

	Full name or corporate name	Relationship to Life Insured or if in Quebec, state Relationship to Policy Owner	Date of birth if minor	% Share*	Designation**
1					<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
2					<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

If no Beneficiary is living when the proceeds become payable, the proceeds of this Policy will be paid to the Owner or the Owner's estate.

This appointment of Beneficiary revokes any prior Beneficiary designation of this policy.

Date _____
Day Month Year

Signature of Owner (If corporate, show title of signing officer)

Signature of Joint Owner (if any)

Signature of prior Irrevocable Beneficiary (if any)

Signature of newly appointed Irrevocable Beneficiary (if applicable)

NOTE: Where both Absolute Assignment and Change of Beneficiary forms are completed and submitted to RBC Life Insurance Company ("the Company") on the same date, the Absolute Assignment will be filed first and given prior effect by the Company. Accordingly, the Change of Beneficiary form must be signed by the newly appointed owner.

Critical Illness rider benefits will remain payable to the named insured on the Critical Illness rider unless otherwise stated.

▼ FOR OFFICE USE ONLY ▼

RECORDED AT OUR OFFICE ON THIS _____ DAY OF _____ 20____

BY _____
Name, Title

This change will not be effective until recorded at our office. Once recorded, the change will be effective as of the date you signed the request.

RBC Life Insurance Company, 6880 Financial Drive, West Tower, Mississauga, Ontario L5N 7Y5 ~ 905-606-1000