



# Insurance

## RETIREMENT PROTECTOR Special Application to RBC Life Insurance Company (RBC Life)

(For use when exercising the special Retirement Protector privilege under the Medical Student Offer)

<b>1. INSURED NAME</b>					
Last		First		Middle Initial	
<b>INSURED ADDRESS</b>		<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	
<b>TELEPHONE NUMBER</b>		<b>DATE OF BIRTH</b>		<b>E-MAIL ADDRESS</b>	
		Day	Month	Year	
<b>2. PROPOSED OWNER (if different than the Insured)</b>					
Name		Street Address			
City	Province		Postal Code		
<b>3. POLICY INFORMATION</b>					
Provide the policy number of your in-force Medical Student Offer disability policy:					
The special offer is only available if your Medical Student Offer disability policy is currently in-force (or being applied for currently) and you are either a) within 6 months of entering your first year of practice <input type="checkbox"/> or b) you are in the first 6 months of practice <input type="checkbox"/> (please check the one that applies).					
<b>4. QUESTIONNAIRE</b>				<b>YES</b>	<b>NO</b>
a. Are you currently unable to work at least 30 hours per week due to sickness or injury?.....				<input type="checkbox"/>	<input type="checkbox"/>
b. In the past 12 months, have you used cigarettes, e-cigarettes, more than one large cigar per month, water pipes, betel nuts more than once a month, smoking cessation products or nicotine or tobacco in any other form?.....				<input type="checkbox"/>	<input type="checkbox"/>
c. Are you receiving disability benefits, have a claim pending or intend to file a claim for disability benefits?.....				<input type="checkbox"/>	<input type="checkbox"/>
d. 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"/>
Please provide details of "YES" answer to question 4d:					
<b>If you answered "yes" to questions 4a and/or 4c, you are not eligible to exercise the special Retirement Protector privilege.</b>					
<b>5. COVERAGE APPLIED FOR</b>					
<b>PLAN NAME</b>	<b>BENEFIT AMOUNT</b>	<b>ELIMINATION PERIOD</b>	<b>BENEFIT PERIOD</b>	<b>OPTIONAL BENEFITS</b>	
Retirement Protector	\$_____	90 Days	To Age 65	Health Care Profession Benefit (mandatory)	
The minimum amount available is \$300 per month to a maximum of \$1,500 per month without income justification.					

**6. PLEASE COMPLETE THE FOLLOWING TABLE IF YOU HAVE ANY OTHER RETIREMENT PROTECTOR DISABILITY INSURANCE IN-FORCE OR PENDING OTHER THAN THE COVERAGE BEING APPLIED FOR WITH RBC LIFE. IF THE TABLE IS LEFT BLANK, YOU ARE CONFIRMING THAT YOU HAVE NO OTHER RETIREMENT PROTECTOR DISABILITY INSURANCE IN FORCE OR PENDING (OTHER THAN RBC LIFE).**

COMPANY	AMOUNT OF MONTHLY BENEFIT	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"/>

The maximum issue and participation limit for Retirement Protector is \$1,500 per month.

**7. PREMIUM PAYMENT**

Annual billing by premium notice  or Monthly Pre-Authorized Debit (PAD) – complete form on page 3

If a deposit is being submitted with this application, please indicate the amount of the deposit: \$ \_\_\_\_\_

**DECLARATIONS AND CONSENTS (Please review and sign)**

**It is understood and agreed as follows:**

- Any policy issued will be based on all statements and answers provided by me in this application and in my prior application to RBC Life under the Medical Student Offer that is being used as the basis for qualifying for this special Retirement Protector privilege. I declare that to the best of my knowledge and belief, all statements and answers in this application and the prior application are full, true and complete as of the date I signed each application. I understand that if I have misstated any information, any policy issued may be voided. This application and the prior application will form part of any policy contract issued. The incontestability provision in any policy issued will apply in its entirety to this application, but to the extent that it has already been satisfied in the existing Medical Student individual disability policy, it will not, except in the case of fraud, apply to the prior Medical Student Offer insurance application that is being used as the basis for eligibility of the special privilege;
- The Pre-Authorized Debit (PAD) form and a deposit for one month of premium are required in order to activate any coverage. If no deposit is being provided, I authorize RBC Life Insurance Company (RBC Life) to withdraw the initial premium by PAD;
- 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;
- 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 the Proposed Owner; 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 questions in this application between the time of this application and the delivery of the policy;
- If applicable, any policy issued as a result of this application shall be subject to a pre-existing conditions amendment (which contains a coverage exclusion based on my pre-existing health);
- I acknowledge that if I answered “yes” to question 4d, 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 4d to be answered “yes”;
- I acknowledge that if the Medical Student Offer individual disability policy has an exclusion that is still in force for any psychiatric or emotional disorder, including but not limited to depression, anxiety, stress, burn out or substance abuse, chronic fatigue syndrome, chronic pain syndrome or fibromyalgia, any Retirement Protector issued as a result of this application will also include this exclusion. I understand that I may apply to have this exclusion removed after I have been symptom free and received no health related advice or treatment from a physician, psychiatrist, psychologist, counsellor or any other healthcare practitioner, for a minimum period of 5 (five) years. Removal of the exclusion is subject to an application at that time, evidence of insurability and RBC Life approval;
- I understand that when RBC Life determines the amount of insurance coverage that it will issue, they will rely on the information I have given in Section 6 about any existing or pending Retirement Protector 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 the Retirement Protector disability policy may be reduced or not provided at all. RBC Life is not required to specifically notify me if the amount applied for and the amount issued is different;
- 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;
- 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;
- I have read the section entitled “Collection and Use of Personal Information” appearing in this application and I understand and agree to its terms.

**SIGNATURE(S):**

Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dav. Month. Year)

Owner (if different than the insured): \_\_\_\_\_ Date: \_\_\_\_\_  
(Day, Month, Year)

Signed at \_\_\_\_\_  
(City, Province)

**Pre-Authorized Debit (PAD) Agreement**

The Payor(s) named below agrees that:

1. (a) RBC Life Insurance Company (RBC Life) is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium, against the account at the financial institution below, or any other financial institution that the Payor(s) may later designate.
- (b) **RBC Life is not required to provide notification before the initial premium is debited, or if the amount of 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 premium 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), at 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 Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.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.cdnpay.ca](http://www.cdnpay.ca).

- (h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included below.
2. Add to existing PAD with policy number(s) \_\_\_\_\_
3. Special Requests (withdrawals are limited between the 1<sup>st</sup> – 28<sup>th</sup> of the month) \_\_\_\_\_

**Bank Information:**

**Please attach a sample 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	
Dated at _____ this _____ day of _____		_____	
(city/province)		(month)	(year)

\_\_\_\_\_  
Print Name of Payor (Account Holder)

\_\_\_\_\_  
Print Name of Second Payor (Account Holder) (if any)

\_\_\_\_\_  
Signature of Payor

\_\_\_\_\_  
Signature of Second Payor (if any)

**Advisor Information (for RBC Life use only)**

Date (dd/mm/yy)				
Advisor's Signature				
Advisor's Name	Dan Dean		Marie Dean	
Advisor's Company Name	DAN DEAN Financial			
Marketing Office / MGA				
Share	%	Servicing Advisor Code: 38307	%	Advisor Code : 94334

## 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<sup>®</sup> 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](http://www.rbc.com/privacysecurity)

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