



In this consent form: "you" and "your" refer to the individual to be insured; "we", "us", "our" and "RBC Life" refer to RBC Life Insurance Company; and, "Application" refers to the document signed by you and used to apply for insurance, or a policy change or policy reinstatement.

1. What happens if I sign this consent form?

By signing this consent form you are giving us permission to disclose to your insurance advisor and to any party specifically named below who is assisting your advisor, details about your Application and our evaluation of your Application. You are also allowing us to send copies of all correspondence we provide to you regarding your Application to your insurance advisor.

RBC Life does not require that you sign this consent form in order to evaluate and make a decision regarding your Application.

With or without this consent form, upon receipt of your specific signed request to do so, we will be pleased to provide the results of any test results or medical information, including the medical reasons for our underwriting decision, to the medical doctor of your choice.

2. What type of personal information may RBC Life disclose? We may disclose:

- Results of medical and laboratory tests;
- Information obtained during any personal history interviews you have had with either us or our service providers;
- Other personal and confidential information related to any illness, including, but not limited to, mental illness, infectious diseases, other medical conditions, your use of medications, any drug or alcohol abuse and any related rehabilitation;
- Information about your employment history and personal finances;
- Information about any record of criminal activity, including but not limited to, driving while impaired;
- Any other factors about you that impact our decision to insure you.

3. Your Signature – by signing this consent form, you:

- Agree that you have read and understood this form;
- Agree that we may release personal information obtained by us during our evaluation of your insurance Application to your insurance advisor and to any party specifically named below who is assisting your advisor;
- Understand that you may withdraw your consent at any time by **mailing or faxing your written request to the following address: Individual Underwriting, RBC Life Insurance Company, P.O. Box 515, Station A, Mississauga, ON, L5A 4M3; fax: 1-905-813-4751; OR**
- Understand that this consent is valid until 45 days after the later of the day:
 - (a) we issue a new insurance policy or amend an existing insurance policy; or
 - (b) we mail you notice advising that we have declined, withdrawn or filed incomplete your Application.

Any alteration of the consent form will render it null and void.

Application/Policy Number

Name of Insurance Advisor (please print)

Name of Proposed Insured (please print)

Signature of Proposed Insured

Date: _____
(day/month/year)

Name(s) of other parties that we are authorized to release information to (please print)

Name of Witness (please print)

Signature of Witness

(22/03/2011)