Pre-Authorized Debit Agreement

Insurance

For the purposes of paying premiums under the following:

Policy Number	Name of (Proposed) Insured

Pre-Authorized Debit (PAD) Agreement:

Ensure you read and understand the section "**Collection and Use of Personal Information**".

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 the 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 the 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 account information provided below shall be given to RBC Life by the Payor(s) 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 Payments Canada website at www.payments.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.payments.ca;

(h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included below.

2 Add to the existing PAD with policy number(s):_____

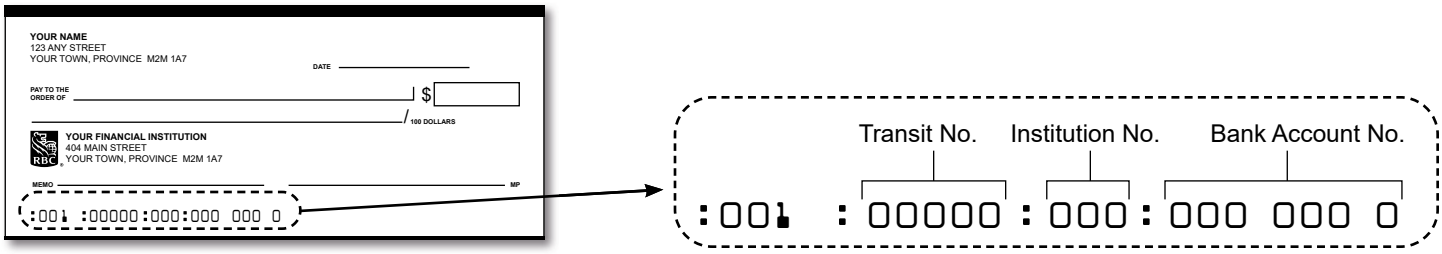
3 Special Requests (withdrawals are limited between the 1st – 28th of the month) _____

4 Quebec residents only: I acknowledge that I was offered the choice to enter into the agreements related to this insurance in English or in French and that I expressly requested to enter into a version of the agreements drawn up exclusively in English, after being provided the French version of these agreements. Therefore, I expressly agree that the agreements governing the Insurance and all of their related documents, including notices, be drawn up exclusively in English.
Je reconnais qu'on m'a offert le choix de conclure les conventions liées à cette assurance en français ou en anglais et que j'ai expressément demandé à ce que ces conventions soient rédigées exclusivement en anglais, après avoir reçu leur version française. Par conséquent, je consens expressément à ce que les conventions régissant l'assurance et tous les documents qui s'y rattachent, y compris les avis, soient rédigés exclusivement en anglais.

Bank Information:

Please complete the form below and, if available, attach a picture of a cheque marked "void". A line of credit account cannot be used.

Please refer to the cheque example below for assistance in completing the form.



Name of Bank or Financial Institution | Transit Number | Bank Number | Account Number

Address

City | Province | Postal Code

Dated at: (City/Province) this day of (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)

ATTACH A SAMPLE (VOID) CHEQUE HERE (if available)

Click the grey area below, then click "Browse". Locate the picture of your cheque and click "OK".

Sample VOID Cheque

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, LLC, 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 shared in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, LLC and financial institutions.

Your personal information may be transmitted through, stored or processed in jurisdictions other than where you are based, in which case the information is bound by the laws of these jurisdictions. If your personal information is transferred to a country/province other than your home jurisdiction, we will take measures to protect your personal information with appropriate contract clauses or other applicable safeguards.

We may also use this information and share it with RBC® 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 tax identification number (such as your social insurance number or social security number) and you hold a product generating income, we may use it for tax related purposes and share it with the appropriate government agencies. We may also use automated processing to make decisions about you, including underwriting and claims adjudication, where applicable.

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 Insurance®.

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 learn more about our use of automated processing, 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 Notices

All collection, use, and sharing of your personal information will be in accordance with our Global Privacy Notice and Digital Channel Privacy (available at www.rbc.com/privacysecurity), which form part of these terms.

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