Insurance

RBC i360
Authorization Form

Advisor Code _____ **Advisor Name** _____

By completing this form, you give us consent to provide the below users access to RBC i360. All users will be able to view policy information and run policy reports. Users with Compensation Access can also see compensation statements and run compensation reports.

To remove access for a user, email us at inslccs@rbc.com. Each user will have access to RBC i360 until we are notified otherwise. Please remember to remove access for users when they leave your organization or change roles.

User Information *required info

	First Name	Last Name	Email Address	Business Postal Code	Phone *required to be able to receive authentication verification code	Compensation Access (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

You agree to ensure that all users will use RBC i360 for approved purposes only and follow all privacy requirements and rules of the Company. You agree to indemnify us for any negligence or misuse.

_____ _____

Date Authorized Signature

_____

Name of Signatory (Please Print)

Please return this form to:

Contracting & Compensation Services
P.O. Box 515, Station A
Mississauga, ON L5A 4M3
Fax: 1-877-280-9742
E-mail: inslccs@rbc.com

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