

Cancellation of Living Benefits Policy



Insurance

Policy Number _____ Insured _____

A Please cancel my policy

☐ Disability Policy ☐ Critical Illness Policy

B Policy owner's information

Name of Policy Owner _____
(Please Print)

Street Address _____

City _____ Province _____ Postal Code _____
(Please Print)

C I agree to the cancellation of coverage requested in this form

Once my policy is cancelled, I understand that insurance coverage will no longer be provided under this policy and reinstatement will not be available.

Any corrections to this form must be initialed by all signing parties.

Policy Owner's name _____
(Please Print)

Date (dd/mm/yy) _____ Policy Owner's signature _____

Irrevocable Beneficiary's name, if applicable _____
(Please Print)

Date (dd/mm/yy) _____ Irrevocable Beneficiary's signature _____

Cancellation will be processed on the monthiversary **after this form is received in our office.**

We will process a refund for any premiums paid beyond the next monthiversary after this form is received. This will be refunded via Electronic Funds Transfer to the account we are currently withdrawing premiums from.

Submit by FAX at 905-813-4816 or 1-888-881-7712

Submit by MAIL to RBC Life Insurance Company, Client Services, P.O. Box 515, Station A, Mississauga ON L5A 4M3

Submit by email to indcancustomerservic@rbc.com

Please only complete the form below to update your banking information for any applicable refund to be provided by Electronic Funds Transfer.

If available, please attach a picture of a cheque marked void. A line of credit account cannot be used.

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

YOUR NAME
123 ANY STREET
YOUR TOWN, PROVINCE M2M 1A7

DATE _____

PAY TO THE ORDER OF _____ \$ _____
/100 DOLLARS

YOUR FINANCIAL INSTITUTION
404 MAIN STREET
YOUR TOWN, PROVINCE M2M 1A7

MEMO _____ MP _____

MICR line: :001 : 000 :000:000 000 0

Transit No. Institution No. Bank Account No.

:001 : 000 : 000 : 000 000 0

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)

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”.