

Employer completes this section

Company Name	Group Policy and Division Number	
Employee's Name	Date of Birth MM DD YYYY _ / _ / _ _ _ _	
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Date of termination or reduction MM DD YYYY _ / _ / _ _ _ _	Amount of coverage lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Disability MM DD YYYY _ / _ / _ _ _ _
If yes, see waiver of premium provision of the group contract.		
Employer Signature:		Date MM DD YYYY _ / _ / _ _ _ _

Employee Information
Conversion rights

When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to: (1) An individual whole life policy, (2) purchase one year term insurance with whole life. Under this option your policy will automatically be renewed as a whole life policy at the end of the year, provided the premium is paid on the anniversary. Or (3) purchase a non-convertible yearly renewable term policy to age 70.

You may purchase any of the above options without having to provide evidence of insurability.

Amount of coverage you can buy

When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan.

EXAMPLE: You had \$50,000 of life insurance, but when you reached a certain age, your coverage was reduced to \$25,000. You want to convert to an individual policy. You still have \$25,000 of coverage under your group policy, so you can buy up to \$25,000 of individual coverage.

NOTE: The lesser of the full amount or \$200,000 (reduced by whatever other group coverage the employee becomes eligible for), if the group life terminates for any of the following reasons:

- Life insurance is terminated for the employee's insurance class
- The group policy is amended to exclude life insurance
- The group policy is terminated

Cost of an individual policy

The rate table on the back of this form shows the cost of an individual policy. If your rate is not listed, or if you want rates for option (3) please call the number shown in the Additional Information section.

I have been notified of my right to convert. I understand that I must exercise my right to convert **within 31 days** of the date my group insurance terminates.

Employee Signature:

Date MM DD YYYY
_ / _ / _ _ _ _

Start conversion within 31 days

Your life insurance coverage under your employer's group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

If you do not apply within 31 days, the option to convert will no longer be available to you.

How to apply for conversion

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it with this form and your first premium payment to:

Portability Unit (A241)
2211 Congress Street
Portland, Maine 04122-1760

Important:

- **Someone other than the Insured or Owner must sign as witness.**
- **Any changes made to your answers must be initialed and dated.**

Make cheques payable to RBC Life Insurance Company.

Additional Information

If you have any questions, please call 1-800-343-5406. Rates are not guaranteed and are subject to change.

Conversion Premium Rates

All rates are for each \$1,000 of coverage

Age	Annual rate 1-Year Term Rider	Rate for Individual Whole Life			Age	Annual rate 1-Year Term Rider	Rate for Individual Whole Life		
		Annual	Semi-annual	Quarterly			Annual	Semi-annual	Quarterly
20	5.27	8.38	4.27	2.18	55	18.08	37.73	19.24	9.81
21	5.30	8.59	4.38	2.23	56	19.46	39.87	20.33	10.37
22	5.34	8.82	4.50	2.29	57	20.98	42.16	21.50	10.96
23	5.37	9.05	4.62	2.35	58	22.63	44.61	22.75	11.60
24	5.39	9.29	4.74	2.42	59	24.44	47.25	24.10	12.29
25	5.41	9.55	4.87	2.48	60	26.42	50.09	25.55	13.02
26	5.45	9.82	5.01	2.55	61	28.58	53.04	27.05	13.79
27	5.49	10.10	5.15	2.63	62	30.92	55.67	28.39	14.47
28	5.53	10.40	5.30	2.70	63	33.50	58.47	29.82	15.20
29	5.59	10.70	5.46	2.78	64	36.30	61.43	31.33	15.97
30	5.64	11.02	5.62	2.87	65	39.40	64.57	32.93	16.79
31	5.71	11.53	5.88	3.00	66	42.81	67.92	34.64	17.66
32	5.79	12.03	6.14	3.13	67	46.57	71.50	36.47	18.59
33	5.86	12.55	6.40	3.26	68	50.68	75.35	38.43	19.59
34	5.96	13.11	6.69	3.41	69	55.08	79.51	40.55	20.67
35	6.09	13.69	6.98	3.56	70	59.71	83.98	42.83	21.83
36	6.26	14.31	7.30	3.72	71	64.52	89.92	45.86	23.38
37	6.46	14.95	7.62	3.89	72	69.45	94.32	48.10	24.52
38	6.70	15.63	7.97	4.06	73	74.59	100.26	51.13	26.07
39	6.99	16.34	8.33	4.25	74	80.07	106.02	54.07	27.57
40	7.30	17.08	8.71	4.44	75	86.05	112.11	57.18	29.15
41	7.66	17.92	9.14	4.66	76	92.73	118.85	60.61	30.90
42	8.03	18.87	9.62	4.91	77	100.23	125.51	64.01	32.63
43	8.44	19.88	10.14	5.17	78	108.61	132.96	67.81	34.57
44	8.88	20.94	10.68	5.44	79	117.77	141.02	71.92	36.67
45	9.37	22.07	11.26	5.74	80	127.59	150.14	76.57	39.04
46	9.92	23.27	11.87	6.05	81	137.97	159.52	81.36	41.48
47	10.53	24.55	12.52	6.38	82	148.81	169.82	86.61	44.15
48	11.20	25.90	13.21	6.73	83	160.08	180.82	92.22	47.01
49	11.95	27.34	13.94	7.11	84	171.84	192.63	98.24	50.08
50	12.77	29.07	14.83	7.56	85	184.17	205.40	104.75	53.40
51	13.66	30.56	15.59	7.95					
52	14.63	32.06	16.35	8.34					
53	15.68	33.84	17.26	8.80					
54	16.82	35.72	18.22	9.29					

How to Calculate your Premium

- Determine whether you want whole life or one-year term coverage. The one-year term will be renewed next year to whole life coverage assuming premiums are paid full.
- Determine the amount of insurance you want. Please refer to first page of this form for details.
- Determine whether you want to pay your whole life premiums annually, semiannually or quarterly. (Only annual available for one-year term.)
- Find your rate on the chart above. The rate is based on the type of coverage you want and your age at the time your group coverage terminates or is reduced.
- Calculate your premiums:
 - The number of thousands of coverage you want: _____
 - Rate per thousand dollars of coverage: X _____
 - Multiply a times b: = _____
 - Add policy fee (No policy fee for one-year term): + _____
 \$15.00/year
 \$7.65/half year
 \$3.90/quarter
 - TOTAL c and d. **This is your premium.** = _____

Make cheque payable to RBC Life Insurance Company

Example

- A 40-year-old person decides to convert to a whole life policy.
- The person wants the amount he had under his group plan: \$50,000.
- The person wants to pay premiums annually.
- The annual rate for a 40-year-old is \$17.08 for each \$1,000 of insurance.
- Calculate premiums:
 - 50 (\$50,000 of coverage)
 - 17.08 (Annual rate)
 - 854.00 (17.08 X 50)
 - 15.00 (Annual fee)
 - 869.00 (Total annual premium)

1. a. Print Insured's Name (Last, First, Mid. Init.) _____

Sex M F Date of Birth MM / DD / YYYY _____

b. Applicant's Name (if other than Insured) Enter the name of the person applying for the insurance if it is other than the insured person. _____

c. Insured's Address (No. & Street, City, Province, Country, Postal Code) _____

2. Application is being made in accordance with the conversion privilege contained in:
Group Policy Number and Division: _____

Group Policyholder's Name: _____

3. Was your life insurance benefit under the group policy: Reduced or Terminated

4. What is the reduction amount of your life insurance or the amount of life insurance terminated? \$ _____

5. What was the date of reduction or termination? MM / DD / YYYY _____

6. Plan of life insurance: **WHOLE LIFE** Do you wish to elect one year of non-renewable term insurance? Yes No

Note: The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

7. What is the amount of insurance you wish to convert? \$ _____ **Note:** The amount may not exceed the amount in item 4.

8. Check premium payment mode: Annually Semi-annually Quarterly

9. Do you wish to elect automatic premium loan? Yes No

10. Name or List beneficiary(ies) of proceeds under the individual policy? (Give name(s) and relationship(s))

Primary: _____

If beneficiary(ies) named above not living, then pay:

Contingent: _____

FOR RESIDENTS OF QUEBEC ONLY:
A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here.
REVOCABLE

11. Have you:

	Yes	No
a. Flown within the past 5 years as a passenger on other than regularly scheduled passenger transport flights, or do you plan to do so in the future? (If yes, complete aviation questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Flown as a pilot, student pilot, or crew member in any type of aircraft, or do you plan to do so in the future? (If yes, complete aviation questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
c. Any intention of traveling or residing outside the U.S.A. and Canada in the next two years?	<input type="checkbox"/>	<input type="checkbox"/>

12. Special Requests: _____

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 7 above, the individual policy will be void from the beginning. In this case, we, the Company, will refund to the beneficiary(ies) any premium paid.

13. Insured's Signature _____ Applicant's Signature: _____ Witness' Signature: _____

Signed by the insured and dated at _____, _____ on this MM / DD / YYYY _____
City Province Date

INSTRUCTIONS

*Note: IF THE INSURED HAS ASSIGNED HIS OR HER RIGHTS UNDER THE GROUP POLICY, THE ASSIGNEE MUST COMPLETE A SEPARATE APPLICATION.

1. a. **Print Insured's Name** — Enter full name, Check male or female. Enter date of birth.
b. **Applicant's Name (if other than insured)** — Enter the name of the person applying for the insurance if it is other than the insured person.
c. **Insured's Address** — Enter full mailing address of residence.
2. **Application is being made in accordance with the conversion privilege contained in** — Enter the policyholder's group policy number and division. Enter the legal name of the policyholder.
3. **Was your life insurance benefit under the group policy reduced or terminated** — Check the appropriate box.
4. **What is the amount of your life insurance that was reduced or terminated** — Enter the amount of group coverage that was terminated, or if reduced, the amount by which it was reduced.
5. **What was the date of reduction or termination** — Enter the month, day and year that your group coverage was reduced or terminated.
6. **Do you wish one year of non-renewable term insurance** — One Year Term Insurance is death protection for a "term" of one year and is in effect for one year prior to the effective date of your whole life policy. It cannot be renewed year to year. Check either yes or no.
- 6A. **Do you wish a non-convertible yearly renewable term policy to age 70** — Cross out the words "WHOLE LIFE", write in NCT 70 and initial the change.
7. **What is the amount of insurance you wish to convert** — Enter the exact amount of life insurance you wish to convert to an individual policy. Please note that you may not convert an amount in excess of the amount of insurance that was held for you under the group policy.
8. **Check premium payment mode** — Check the box next to the mode of payment that you elect to pay your premiums.
9. **Do you wish to elect Automatic Premium Loan** — You are entitled to have any loan value on the policy automatically used to pay any premium which is unpaid on expiration of the 31-day grace period. Check yes or no. (Note: The preliminary One Year Term coverage does not contain 31-day grace period.)
10. **Whom do you wish as beneficiary(ies) under the Individual Policy** —
Primary — Enter the full name and relationship of your primary beneficiary.
Contingent — Enter the full name and relationship of your contingent beneficiary who would receive the death benefit if your primary beneficiary should pre-decease you.
11. **Have you** — Read each question and checked yes or no accordingly. If an aviation questionnaire is needed, it will be sent to you upon review of your application.
12. **Special Requests** —
13. **Signatures** —
Insured's Signature — The person whose life is being covered for insurance must sign the application unless he or she is under 18 years of age.
Witness Signature — Any person other than the insured must sign as a witness to the application.
Applicant's Signature — If the insured is under 18 years of age, the parent or guardian who will be paying the insurance premiums must sign here.