



INSTRUCTIONS FOR THE RBC INSURANCE APPLICATION

Attached is the RBC Insurance application to replace your OMA life, disability, critical illness and office overhead insurance. This single application applies to you the physician (proposed insured 1) and your spouse/partner (proposed insured 2) and can be used if you or your corporation owns your insurance. **Please complete the RBC Insurance Application, attach a copy of your OMA insurance details and a void cheque(s) and scan to info@osainsurance.com or fax to 416-915-6150.**

POLICY OWNERSHIP

- **Disability insurance.** We recommend that you personally own and pay for your disability insurance so that should you become disabled the funds flow to you personally. **Please provide a void personal cheque.**
- **Critical illness insurance.** You may own your critical illness insurance in your corporation or personally. **Please provide a personal cheque if owned personally or corporate cheque if owned corporately.**
- **Business overhead insurance.** In general, we recommend that your corporation own and pay for your business overhead insurance as it is a deductible expense. **Please provide a void corporate cheque.**
- **Life Insurance.** you may own your life insurance in your corporation or personally. **Please provide a personal cheque if owned personally or corporate cheque if owned corporately.**

BENEFICIARY

It depends on who owns the insurance and whether or not you are incorporated.

- **Corporate owned life insurance.** In general, if you have your corporation own your insurance, your corporation will pay the insurance premium and be the beneficiary. In general, when you pass away the proceeds of the insurance less the adjusted cost base will be paid *tax-free* through the capital dividend account of your corporation to your beneficiary. You may also want to update your will, power of attorney and corporate documents as part of your overall planning.
- **Personal owned life insurance.** If you personally own your life insurance, you should name someone (i.e. spouse/partner/ children etc.) to be the beneficiary of the insurance proceeds.
- **Beneficiaries may be revocable or irrevocable.** Most insurance policies have a revocable beneficiary. A revocable beneficiary can be changed by the policy owner *without* the signature of the beneficiary. Irrevocable beneficiary designations are often given as part of a separation agreement or a divorce settlement and *require* the irrevocable beneficiary to sign off on any policy changes.
- **Contingent beneficiary.** A contingent beneficiary is someone/something that receives the benefits of an account if the primary beneficiary is no longer available.
- **Beneficiary/Recipient for critical illness insurance.** In general, if your corporation owns and pays for your critical illness, the corporation should be named as the critical illness insurance beneficiary. Should you become critically ill, the insurance benefit will be paid tax -free to your corporation (the beneficiary) and the corporation may choose to pay the benefit out to the insured as a taxable dividend. If you personally own the critical illness insurance, you will be pay the premium personally and do not need to fill this section in.

SIGNATURES

Page 3 – Proposed insured 1 (physician) and proposed owner (if corporately owned insurance) should sign at the bottom of page 2. Proposed insured 2 (spouse/partner) should sign where indicated.

Page 4 – The account holder should sign where it says signature of account holder twice under the proposed insured 1 (physician) and once under the proposed insured 2 and attach a void cheque(s).

ATTACH YOUR OMA INSURANCE DETAILS

Log into your OMA account <https://www.oma.org/> and print a copy of your insurance with the detail of each policy.

Please complete the RBC Insurance Application, attach a copy of your OMA insurance details and a void cheque(s) and scan to info@osainsurance.com or fax to 416-915-6150.



Insurance

Ontario Specialists Association Application for Insurance to RBC Life Insurance Company

(For use under the Ontario Specialists Association Offer)

PROPOSED INSURED 1 (PHYSICIAN)				PROPOSED INSURED 2 (SPOUSE/PARTNER)			
Last Name				Last Name			
First Name				First Name			
Date of Birth	Day	Month	Year	Date of Birth	Day	Month	Year
Male <input type="checkbox"/> Female <input type="checkbox"/>		Language of Policy English <input type="checkbox"/> French <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>		Language of Policy English <input type="checkbox"/> French <input type="checkbox"/>	
Address				Address – Same as Proposed Insured 1 <input type="checkbox"/> or (complete below)			
Number and Street				Number and Street			
City		Province	Postal Code	City		Province	Postal Code
Telephone Number				Telephone Number			
Mobile Number				Mobile Number			
E-Mail				E-Mail			

PROPOSED OWNER (ONLY IF DIFFERENT THAN THE PROPOSED INSURED)			
Proposed Insured 1 (Physician)		Proposed Insured 2 (Partner/Spouse)	
Please indicate what coverage will be owned by the proposed owner: <input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Business Overhead Expense		Please indicate what coverage will be owned by the proposed owner: <input type="checkbox"/> Life <input type="checkbox"/> Critical Illness	
Name (i.e. Corporation name if corporate owned insurance)		Name <input type="checkbox"/> Same owner as Proposed Insured 1 OR (i.e. Corporation name if corporate owned insurance)	
Street Address - <input type="checkbox"/> Same as proposed insured 1 or new address (below)		Street Address - <input type="checkbox"/> Same as proposed insured 1 or new address (below)	
City	Province	City	Province
Postal Code		Postal Code	

FULL NAME OF BENEFICIARY FOR SURVIVOR BENEFIT FOR DISABILITY INSURANCE	RELATIONSHIP TO PROPOSED INSURED 1 (Physician)

BENEFICIARY FOR LIFE INSURANCE

All beneficiaries are revocable unless otherwise stated, except in Quebec where the designation of a legally married spouse of the owner is irrevocable, unless expressly stated to be revocable. An irrevocable beneficiary cannot be changed without the written consent of the designated irrevocable beneficiary. If naming a minor as an irrevocable beneficiary, you should be aware that a minor cannot give their consent to change the irrevocable designation. If all beneficiaries predecease the Proposed Insured, the proceeds are payable to the contingent beneficiary (if any), otherwise to the Owner or the Owner's Estate. **Please ensure that the total shares of both the Primary and Contingent beneficiaries equal 100% respectively.**

Proposed Insured 1 2	Full Name of Beneficiary (FIRST) (MIDDLE) (LAST) (Corporation Name is Corporate Owned)			REVOCABLE OR IRREVOCABLE	RELATIONSHIP TO PROPOSED INSURED (PROPOSED OWNER IN QUEBEC)	PRIMARY OR CONTINGENT	% SHARE

BENEFIT RECIPIENT DESIGNATION FOR CRITICAL ILLNESS INSURANCE

Critical Illness benefits will be paid to the Proposed Insured unless a Recipient is designated below. (If you designate a minor recipient and benefits become payable when they are under the age of majority, the benefits will be paid to the Proposed Insured. All recipient designations are revocable except in Quebec where the designation of a legally married spouse of the owner is irrevocable, unless expressly stated to be revocable.

Proposed Insured 1 2	Full Name of Recipient (FIRST) (MIDDLE) (LAST)			REVOCABLE OR IRREVOCABLE	RELATIONSHIP TO PROPOSED INSURED (PROPOSED OWNER IN QUEBEC)

QUESTIONNAIRE

PROPOSED INSURED 1

PROPOSED INSURED 2

- Are you currently actively at work performing the material and substantial duties of your occupation (include vacation time as being actively at work)?.....
- If you answered "no" to question 1, are you retired or on parental or maternity leave?.....
- In the past 12 months, have you used cigarettes, e-cigarettes, more than one large cigar per month, water pipes, betel nuts more than once a month, smoking cessation products or nicotine or tobacco in any other form?.....
- Do you have an active and progressive sickness for which curative treatment is not possible or not appropriate and from which a medical doctor states that death is expected within 12 months?.....
- Do you currently have the total loss of: your power of speech, or your hearing in both ears, or sight in both eyes, or the use of both hands, or the use of both feet, or the use of one hand and one foot?.....

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

If Yes to question 5, please provide details: _____

COVERAGE APPLIED FOR

PLEASE ATTACH A PRINT OUT OF THE COVERAGE THAT YOU CURRENTLY HAVE WITH THE ONTARIO MEDICAL ASSOCIATION ("OMA Insurance Summary"). YOUR APPLICATION CANNOT PROCEED WITHOUT THIS INFORMATION.

I hereby apply to RBC Life Insurance Company (RBC Life) for the insurance product(s) identified below that correspond(s) with the type(s) of insurance shown in my OMA Insurance Summary, provided the benefits are available under the OSA Insurance Offer through RBC Life.

Life Insurance:
RBC YourTerm™ 10. If your current OMA life coverage has a Waiver of Premium rider and/or an Accidental Death benefit in force, RBC Life will also provide these benefits. The maximum available for Accidental Death is the lesser of the life benefit and \$250,000.

Critical Illness: Critical Illness Recovery Plan Level Premium to age 75, guaranteed renewable (T75GR).

COVERAGE APPLIED FOR (continued)

Individual Disability:

Professional Series™ Non-cancelable and guaranteed renewable, level premium with Health Care Profession Benefit. The following riders will be provided if comparable riders are part of your current OMA individual disability coverage: Future Income Option Benefit (\$1,500 Unit of Increase), Cost of Living Adjusted Benefit (COLA), Retirement Protector Rider, and Disability in Your Occupation Benefit. The elimination and benefits periods will match those in your current OMA coverage (30 day elimination period if 14 days in your OMA coverage), as will the FIO units of increase.

Business Overhead Expense:

Business Overhead Expense with the Residual Disability Benefit Rider, 15 month benefit period and the Health Care Profession Benefit. The following rider will be provided if a comparable rider is part of your current OMA Business Overhead Expense coverage: Future Covered Expense Option (\$1,500 Unit of Increase). The elimination period will most closely match the elimination period in your current OMA coverage (15 days if 14 days in your OMA coverage).

DECLARATIONS AND CONSENTS

It is understood and agreed as follows:

- 1) I authorize RBC Life Insurance Company (RBC Life) to withdraw the initial premium for all coverage applied for by Pre-Authorized Debit (PAD);
- 2) I have read the foregoing statements and answers. They are all true and complete. They are part of this application and any policy issued as a result.
- 3) No agent or broker has authority to waive the answer to any question, to determine insurability, to waive any rights or requirements, or to make or alter any contract or policy.
- 4) RBC Life may be entitled to render this policy null and void if there is misrepresentation or non-disclosure in any part of this application that is material to the insurance risk.
- 5) Any policy issued as a result of this form shall become effective on the Date of Issue and/or the Coverage Date shown in the policy provided that: a) the policy has been tendered for delivery to the Proposed Owner; and b) the answers provided on this application have not changed from the date of this application to the Date of Issue and/or Coverage Date; and c) the initial premium required has been paid. I will immediately advise RBC Life in writing, of any changes in the answers to the questions in this application between the time of this application and the delivery of the policy.
- 6) Any individual disability policy issued as a result of this application shall be subject to a group/association offset amendment.
- 7) Any Critical Illness policy issued as a result of this application shall be subject to a pre-existing amendment (which contains a coverage exclusion based on my pre-existing health). The pre-existing exclusion will only apply to the first \$50,000 of Critical Illness coverage.
- 8) I acknowledge that if I answered "yes" to question five (5), I will not be covered under the Presumptive Total Disability Benefit provision in that is contained in any individual disability or business overhead expense policy issued to me, for the specific condition(s) that require question five (5) to be answered "yes".
- 9) RBC Life will issue insurance products, benefit amounts and benefit riders based on the insurance coverage shown on my OMA Insurance Summary, provided they are available under the OMA Insurance Offer. Despite the coverage descriptions provided in the COVERAGE APPLIED FOR section above, I understand that RBC Life will not issue a benefit amount or benefit rider if I am over RBC Life's maximum issue age limit for that benefit amount or benefit rider.
- 10) On approval of my RBC Life coverage, I will immediately cancel the insurance coverage with the Ontario Medical Association. I acknowledge that if I do not discontinue the OMA coverage, the benefits under any policy issued as a result of this application may be reduced or not provided at all.
- 11) RBC Life shall not be liable for any claim on account of any benefits applied for, commencing prior to the effective date of coverage. Notwithstanding any interim premium payments, no temporary or conditional insurance is being provided to either the proposed insured or the proposed owner.
- 12) Acceptance of any policy issued as a result of this application form will ratify my acceptance of any differences in the terms of coverage applied for and the coverage actually issued by RBC Life.
- 13) I have read the section entitled "Collection and Use of Personal Information" appearing in this application and I understand and agree to its terms.

SIGNATURES

Proposed Insured 1 (Physician):

Proposed Insured 2 (Spouse/Partner):

SIGN HERE X

SIGN HERE X

Proposed Owner 1 (for Physician):

Proposed Owner 2 (for Spouse/Partner):

SIGN HERE X

SIGN HERE X

Signed at: _____
(City, Province)

Date _____
(Day, Month, Year)

Advisor information (for RBC Life use only)

Date (dd/mm/yy)				
Advisor's Signature				
Advisor's Name				
Advisor's Company Name				
Share	50%	Servicing Advisor Code:	50%	Advisor Code: 52014

Pre-Authorized Debit (PAD) Agreement

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 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 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 information provided below, shall be given to RBC Life by the Payor(s), at 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 Canadian Payments Association website at www.cdnpay.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.cdnpay.ca.
- (h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included below.

BANKING INFORMATION – ATTACH A VOID CHEQUE FOR EACH BANK ACCOUNT

PROPOSED INSURED 1 (PHYSICIAN)	PROPOSED INSURED 2 (SPOUSE/PARTNER)
<input type="checkbox"/> Use the same banking information for all of my coverage OR Indicate what coverage the following banking applies to: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Critical Illness Insurance <input type="checkbox"/> Individual Disability <input type="checkbox"/> Business Overhead Expense	Use the same banking as Proposed Insured 1 is using for: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Critical Illness Insurance OR <input type="checkbox"/> Use the information provided below:
Bank Name	Bank Name
Transit Number	Transit Number
Bank Number	Bank Number
Account Number	Account Number
Name of Account Holder	Name of Account Holder
Signature(s) of Account Holder	Signature(s) of Account Holder

SIGN HERE X

SIGN HERE X

Please use the following banking for these coverages:

- Life Insurance
- Critical Illness Insurance
- Individual Disability
- Business Overhead Expense

Bank Name

Transit Number

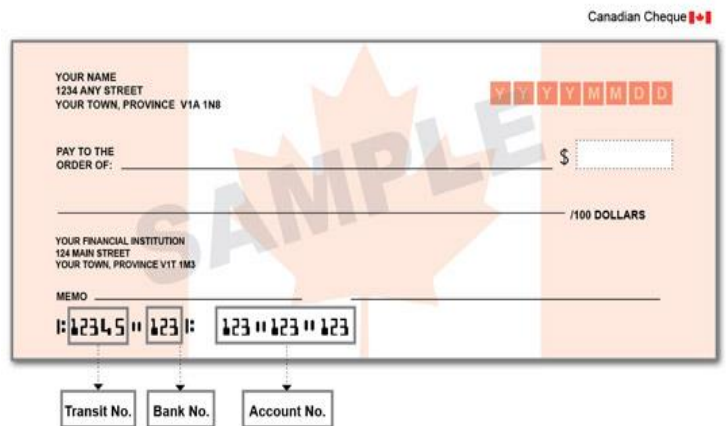
Bank Number

Account Number

Name of Account Holder

Signature(s) of Account Holder

SIGN HERE X



TO BE DETACHED AND KEPT BY THE PROPOSED INSURED(S)

Coverage Overview:

You may obtain an overview of the insurance coverage for which you have applied at <http://www.rbcinsurance.com/gsi> or by contacting your benefits administrator.

COLLECTION AND USE OF PERSONAL INFORMATION

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

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 social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.

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 Life.

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 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 policies

You may obtain more information about our privacy policies by asking for a copy of our “Financial fraud prevention and privacy protection” brochure, by calling us at the toll free number shown above or by visiting our web site at www.rbc.com/privacysecurity

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