



# RBC Insurance

## Override Instruction Letter

### Individual Insurance Products

RBC Life Insurance Company

## Advisor Information

Advisor Name \_\_\_\_\_ Advisor Code \_\_\_\_\_

The Associate General Agency (AGA) or Managing General Agency (MGA), if there is no AGA hereby directs RBC Life Insurance Company (the "Company") to pay a portion of its override, as set out below, to the individual or entity named above for all policies issued and settled from applications received by the Company on or after the effective date of this Override Instruction Letter.

The rate of override as set out below may be changed at the discretion of the AGA or MGA, upon written notice to the Company at its address as set out below.

## Rate Override

**The Rate of Override is a Percentage of Net First Year Commissions.**

**This rate must be in increments of 5%.**

Life Products

Living Benefits Products

## Method of Override Payment

The override is payable at the same time as the applicable first year commission is payable.

## Chargebacks

For purposes of the Chargebacks and Repayment of Compensation provisions of the Agreement, Compensation is deemed to include overrides paid pursuant to this Override Instruction Letter.

## Authorization

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

City

Day

Month

Year

\_\_\_\_\_  
Name of AGA or MGA (if there is no AGA)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
Name of Signatory (Please Print)

**Please return this form to the attention of: Licensing, Contracting and Compensation Services**

By Mail: RBC Life Insurance Company  
P.O. Box 515, Station A  
Mississauga, ON L5A 4M3

By Fax: 1-877-280-9742

By Email: inslccs@rbc.com

**To be completed by RBC Life Insurance Company**

Changed by:

Effective Date of Change:

(DD/MM/YY)