RBC Wealth Management

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Account Number____

Rep ID________________ Alternate Branch ________________

NEW CLIENT WORKSHEET – ENTITY *(To be used for the following entity types: Business Corporation, Business Investment Club, Business Non-Profit, Business Partnership, Government and Estate)*

ENTITY DETAILS

Country of Organization	Country of Headquarters
EIN	Entity Name

The following entity types must answer the below question: Limited Liability Partnership, General Partnership, Limited Partnership, Limited Liability Company, C-Corp, S-Corp, Non-Profit, Pink Sheet and Closely Held.

Is Plan ERISA qualified? ☐ Yes ☐ No

Select the applicable entity type and provide additional information, if required.

Business Corporation

Legal Structure

☐ Limited Liability Company; LLC Tax Classification: ☐ Partnership ☐ Single Member LLC ☐ C-Corp ☐ S-Corp
☐ C-Corp
☐ S-Corp
☐ Publicly Traded Nationally; Exchange: ☐ AMEX ☐ NASDAQ ☐ NYSE ☐ OTC ☐ Other ☐ Regional
☐ Publicly Traded Regionally; Exchange: ☐ AMEX ☐ NASDAQ ☐ NYSE ☐ OTC ☐ Other ☐ Regional
☐ Pink Sheet
☐ Closely Held

Number of employees
☐ Less than 5 ☐ 5 – 10 ☐ 11 – 20 ☐ 21 – 100 ☐ 101 – 500 ☐ 501-1,000 ☐ 1,001 – 50,000 ☐ More than 50,000

Business Investment Club

Legal Structure
☐ Investment Club – *Complete an Investment Club Member worksheet for each member (**WKST 3**).*

Business Non-Profit

Legal Structure
☐ Incorporated Foundation ☐ Non-Incorporated Foundation ☐ Incorporated Non-Profit ☐ Non-Incorporated Non-Profit

Business Partnership

Legal Structure
☐ Limited Liability Partnership ☐ General Partnership ☐ Limited Partnership

Number of employees
☐ Less than 5 ☐ 5 – 10 ☐ 11 – 20 ☐ 21 – 100 ☐ 101 – 500 ☐ 501-1,000 ☐ 1,001 – 50,000 ☐ More than 50,000

Government

Legal Structure
☐ Federal ☐ State ☐ County ☐ Municipal ☐ Township ☐ Non-US Government ☐ Non-Governmental Organization
☐ School District

Estate

☐ Estate – *Provide the decedent's information*
First Name: ______________________ M.I.: ________ Last Name: ______________________
Date of Birth: ______________________ Date of Death: ______________________

Financial Entity *(Not applicable for Estates.)*

Is the client a financial entity? ☐ Yes ☐ No If yes, what is the financial entity type (select one)?

☐ Commodity Dealer
☐ Federally Registered Investment Advisor; *Federal Registration SEC Number:*
____
☐ Federally Regulated Bank
☐ Federally Regulated Credit Union
☐ Federally Regulated Mortgage
☐ Federally Regulated Savings Association
☐ Foreign Bank

☐ Futures Commission Merchant
☐ Insurance Company
☐ Introducing Broker
☐ Mutual Fund
☐ Other Foreign – Comparable to US Non-Regulated Institution
☐ Other Foreign – Comparable to US Regulated Institution
☐ Savings and Loan

☐ State Registered Investment Advisor
State Registration IARD/CRD Number:
____
☐ State Regulated Bank
☐ State Regulated Credit Union
☐ State Regulated Mortgage
☐ State Regulated Savings Association
☐ Thrift

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New Client Worksheet – Entity

Contact/Address

Phone Number – *Indicate the primary phone number by checking the appropriate box.*	☐ Business
☐ Home	☐ Cell
☐ Alternate	Fax
Primary Email	
Secondary Email	

Address of Business (PO Box is not allowed)		**Mailing Address, if Different from the Address of Business**	
Street		Street	
Apartment/Suite Number		Apartment/Suite Number	
City		City	
State	Zip Code	State	Zip Code

Financial

Gross Annual Revenue

- ☐ Less than $100,000
- ☐ $100,000 - $499,999
- ☐ $500,000 - $999,999
- ☐ $1,000,000 - $9,999,999
- ☐ $10,000,000 - $999,999,999
- ☐ $1,000,000,000+

Total Assets

- ☐ Less than $100,000
- ☐ $100,000 - $499,999
- ☐ $500,000 - $999,999
- ☐ $1,000,000 - $49,999,999
- ☐ $50,000,000 - $999,999,999
- ☐ $1,000,000,000+

Invested Assets *(Aggregate Assets in Portfolio)*

- ☐ Less than $100,000
- ☐ $100,000 - $499-999
- ☐ $500,000 - $999,999
- ☐ $1,000,000 - $9,999,999
- ☐ $10,000,000 - $999,999,999
- ☐ $1,000,000,000+

Is the client a large trader?* ☐ Yes ☐ No

If yes, Large Trader ID number: ______________________________

**A "large trader" is defined as a person or entity that: (i) directly or indirectly exercises investment discretion over accounts and effects transactions for such accounts in exchange-listed securities that equal or exceed two million shares or $20 million during any calendar day, or 20 million shares or $200 million during any calendar month; or (ii) voluntarily files SEC Form 13H.w.*

Investment Experience (Select all that apply)

- ☐ None
- ☐ Bonds
- ☐ Options
- ☐ Alternative Investments
- ☐ Mutual Funds
- ☐ Margin
- ☐ Exchange-Traded Funds
- ☐ Futures
- ☐ Stocks
- ☐ Annuities
- ☐ Inverse/Leveraged Products
- ☐ Active Short-Term Trading

Investment Decision-Making. How involved are you in making your investment decisions?

- ☐ I make my own investment decisions and/or consult with someone other than my Financial Advisor.
- ☐ I discuss investment decisions with my Financial Advisor, but I also consult other sources of financial information and/or discuss with other parties.
- ☐ I rely on the guidance of my Financial Advisor most of the time.
- ☐ I follow the recommendations of my Financial Advisor all of the time.
- ☐ This is my first investment account other than my employer-sponsored retirement program.

Entity Contact *(For Estate Accounts, this is the Executor)*

Is there more than one entity contact? ☐ Yes ☐ No If yes, complete the Additional Entity Contact Worksheet **(WKST 1).**

Social Security Number	Prefix	First Name	M.I.
Last Name	Date of Birth *(MM/DD/YYYY)*	Executor Title *(Estate accounts only)* ☐ Administrator ☐ Executor ☐ Personal Representative	

Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate

Business	Home
Cell	Alternate
Primary Email	

Address of Residence (PO Box is not allowed)		
Street		Apartment/Suite Number
City	State	Zip Code

Is the contact/executor a Large Trader? ☐ Yes ☐ No If yes, Large Trader ID Number: ______________________________

Account Number____________________

Rep ID__________ Alternate Branch __________

New Client Worksheet – Entity

Key Control Person

A key control person is an individual with significant responsibility for managing the legal entity client and is required for the following entity types: Limited Liability Partnership, General Partnership, Limited Partnership, Limited Liability Company, C-Corp, S-Corp, Non-Profit, Pink Sheet and Closely Held. **Required information*

Prefix	First Name*	M.I.	Last Name*

Key Control Position/Title*	SSN/Foreign Tax ID*	Date of Birth (MM/DD/YYYY)*

Country of Birth*

Does the key control person have dual citizenship?* ☐ Yes ☐ No

Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate

Business	Home
Cell	Alternate

Primary Email

Secondary Email

Address of Business or Residence (PO Box is not allowed)

Address*		Apt/Suite
City*	State*	Zip Code*

Beneficial Owner

Only applicable for the following entities: Business Corporation, Business Non-Profit, Business Partnership and Estate

Are there any Beneficial Owners who own 10% or more of this entity? ☐ Yes ☐ No If yes, complete the Beneficial Owner Worksheet **(WKST 2).**

Associations

Controlling Security Positions

Is client in a control position (director, shareholder with 10% or more of the stock or a policy-making executive officer) of a publicly-traded company?

☐ Yes, complete the rest of this section. ☐ No

Business Name	Client's Position or Title

Employee Relationship

Are you related to an RBC Wealth Management employee? ☐ Yes, complete the rest of this section. ☐ No ☐ Self

Employee's Name	Relationship to Employee

Account

Account Type

☐ Entity ☐ Estate ☐ Retirement – Decedent IRA (DI) ☐ Retirement – Decedent Roth (DO)

Investment Objective (Choose one)

☐ **Preservation of Principal/Income –** The investment goal is capital preservation and generation of current income.

☐ **Balanced Growth –** The investment goal is a balance between capital appreciation and wealth preservation.

☐ **Growth –** The investment goal is capital appreciation.

☐ **Aggressive Growth/Aggressive Income –** The investment goal is significant capital appreciation and/or income generation.

☐ **Speculation –** The investment goal is to maximize capital appreciation.

Risk Tolerance. Please indicate your risk tolerance specific to the investments in this account.

☐ **Minimal:** I have a minimal tolerance for risk and am willing to accept the lowest possible returns which may not keep pace with inflation.

☐ **Low:** I have a low tolerance for risk and am willing to accept some level of volatility to seek returns with less fluctuation in value.

☐ **Moderate:** I have a moderate tolerance for risk and am willing to accept modest returns with potential for some fluctuation in value.

☐ **High:** I have a moderate to high tolerance for risk and am willing to accept the potential for greater fluctuation in value to seek higher returns.

☐ **Maximum:** I have a high tolerance for risk and am willing to accept the potential for significant fluctuation or loss in value while seeking to maximize potential returns.

Investment Time Horizon. When do you expect to cease accumulating assets in this account and begin withdrawing significantly from the principal?

☐ Less than 1 year ☐ 1 to 3 years ☐ 4 to 6 years ☐ 7 to 8 years ☐ 9 to 11 years ☐ 12 years or more

Liquidity Needs

☐ Less than $10,000 ☐ $10,000 to $99,999 ☐ $100,000 to $499,999 ☐ $500,000 to $999,999 ☐ $1,000,000 to $2,499,999 ☐ $2,500,000+

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New Client Worksheet – Entity

Account Roles

Authorized Signer *(Not applicable for Estate Accounts)*

Social Security Number	Prefix	First Name	M.I.	Last Name

Date of Birth (MM/DD/YYYY)	Street *(PO Box is not allowed)*	Apt/Suite Number

City	State	Zip Code

Is the Authorized Signer a Large Trader?: ☐ Yes ☐ No If yes, LTID:

Trusted Contact *(Not applicable for Institutional Accounts)*

The trusted contact person is intended to be a resource for RBC WM in protecting assets and responding to possible financial exploitation. RBC WM may contact the trusted contact person and disclose pertinent account information, as necessary, to address possible financial exploitation and/or to confirm the client's current contact information, health status or the identity of any authorized representatives (e.g. POA, trustee, etc.) or beneficiaries. A trusted contact is **not** an authorized party on the account and RBC WM will not accept instructions from him/her to effect transactions and/or change information related to the account. **Information required to designate a trusted contact.*

First Name*	M.I.	Last Name*

Primary Phone* ☐ Business ☐ Cell ☐ Home ☐ Alternate

Business	Home
Cell	Alternate

Primary Email

Address	Apt/Suite

City	State	Zip Code

Relationship ☐ Child ☐ Domestic Partner ☐ Parent ☐ Sibling ☐ Spouse ☐ Other Relative ☐ No Relation

Beneficiary Information *(For Retirement Accounts Only)*

If there are more than two beneficiaries, please attach the Additional Beneficiary Worksheet **(WKST 4).** Primary and Contingent Beneficiary Percentages must add up to 100%. If designating an entity, estate and/or trust as a beneficiary, your financial advisor may contact you for additional information.
******Required information*

Beneficiary 1		**Beneficiary 2**	
☐ Primary ☐ Contingent	SSN	☐ Primary ☐ Contingent	SSN
Prefix	First Name*	Prefix	First Name*
Last Name*		Last Name*	
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
Street		Street	
Apartment/Suite Number		Apartment/Suite Number	
City		City	
State	Zip Code	State	Zip Code
Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust	Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust

Additional Services

☐ ACH
☐ Advisory Services
☐ DTC ID Confirmations
☐ Held Away Accounts
☐ Investment Access/VISA/Checking
☐ RBC Express Credit (Margin)
☐ Options
☐ RBC Wealth Management Online
☐ Special Handling: Duplicate Statement, Confirm, Tax Document Set-Up
☐ Standard Checking
☐ Trading Authority

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Additional Entity Contact Worksheet

Provide the following information for each entity contact. Make copies of this page as necessary.

Entity Contact *(For Estate accounts, this is the Executor)*

Social Security Number	Prefix	First Name	M.I.
Last Name	Date of Birth (MM/DD/YYYY)	Executor Title *(Estate accounts only)* ☐ Administrator ☐ Executor ☐ Personal Representative	
Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate			
Business		Home	
Cell		Alternate	
Primary Email			
Address of Residence (PO Box is not allowed)			
Street			Apartment/Suite Number
City		State	Zip Code

Entity Contact *(For Estate accounts, this is the Executor)*

Social Security Number	Prefix	First Name	M.I.
Last Name	Date of Birth (MM/DD/YYYY)	Executor Title *(Estate accounts only)* ☐ Administrator ☐ Executor ☐ Personal Representative	
Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate			
Business		Home	
Cell		Alternate	
Primary Email			
Address of Residence (PO Box is not allowed)			
Street			Apartment/Suite Number
City		State	Zip Code

Entity Contact *(For Estate accounts, this is the Executor)*

Social Security Number	Prefix	First Name	M.I.
Last Name	Date of Birth (MM/DD/YYYY)	Executor Title *(Estate accounts only)* ☐ Administrator ☐ Executor ☐ Personal Representative	
Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate			
Business		Home	
Cell		Alternate	
Primary Email			
Address of Residence (PO Box is not allowed)			
Street			Apartment/Suite Number
City		State	Zip Code

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Beneficial Owner Worksheet

*Applicable for the following entities: Business – Corporation, Business – Non-Profit, Business – Partnership. Complete the appropriate person or entity information and contact information for each beneficial owner. Make copies of this page as necessary. *Required information.*

Beneficial Owner

Beneficial Owner Type* ☐ Person ☐ Entity			Ownership Percentage*	
PERSON	Prefix	First Name*	M.I.	Last Name*
	Social Security Number*		Date of Birth (MM/DD/YYYY)*	
ENTITY	Country of Organization*		Country of Headquarters*	
	EIN*	Entity Type* ☐ Business – Corporation ☐ Business – Non-Profit ☐ Business – Partnership ☐ Government ☐ Trust ☐ Estate		
	Entity Name*			

Contact Information

Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate	
Business	Cell
Home	Alternate
Fax	Primary Email

Address of Residence (Person)/Business (Entity) (PO Box is not allowed)

Street*		Apt/Suite Number
City*	State*	Zip Code*

Beneficial Owner

Beneficial Owner Type* ☐ Person ☐ Entity			Ownership Percentage*	
PERSON	Prefix	First Name*	M.I.	Last Name*
	Social Security Number*		Date of Birth (MM/DD/YYYY)*	
ENTITY	Country of Organization*		Country of Headquarters*	
	EIN*	Entity Type* ☐ Business – Corporation ☐ Business – Non-Profit ☐ Business – Partnership ☐ Government ☐ Trust ☐ Estate		
	Entity Name*			

Contact Information

Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate	
Business	Cell
Home	Alternate
Fax	Primary Email

Address of Residence (Person)/Business (Entity) (PO Box is not allowed)

Street*		Apt/Suite Number
City*	State*	Zip Code*

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Investment Club Member Worksheet

Applicable for Business – Investment Club Entities only. Provide the following information for each investment club member. Make copies of this page as necessary.

Investment Club Member			
Prefix	First Name	M.I.	Last Name
Social Security Number		Date of Birth (MM/DD/YYYY)	
Contact Information			
Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate			
Business		Cell	
Home		Alternate	
Primary Email			
Secondary Email			
Address of Residence (PO Box is not allowed)			
Street			Apt/Suite Number
City		State	Zip Code
Employee Relationship			
Are you related to an RBC Wealth Management employee? ☐ Yes, provide the employee's name and relationship. ☐ No ☐ Self			
Employee's Name		Relationship to Employee	

Investment Club Member			
Prefix	First Name	M.I.	Last Name
Social Security Number		Date of Birth (MM/DD/YYYY)	
Contact Information			
Primary Phone ☐ Business ☐ Cell ☐ Home ☐ Alternate			
Business		Cell	
Home		Alternate	
Primary Email			
Secondary Email			
Address of Residence (PO Box is not allowed)			
Street			Apt/Suite Number
City		State	Zip Code
Employee Relationship			
Are you related to an RBC Wealth Management employee? ☐ Yes, provide the employee's name and relationship. ☐ No ☐ Self			
Employee's Name		Relationship to Employee	

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Additional Beneficiary Worksheet *(Applicable for Retirement Accounts only.)*

Beneficiary 3		**Beneficiary 4**	
☐ Primary ☐ Contingent	SSN	☐ Primary ☐ Contingent	SSN
Prefix	First Name*	Prefix	First Name*
Last Name*		Last Name*	
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
Street		Street	
Apartment/Suite Number		Apartment/Suite Number	
City		City	
State	Zip Code	State	Zip Code
Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust	Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust

Beneficiary 5		**Beneficiary 6**	
☐ Primary ☐ Contingent	SSN	☐ Primary ☐ Contingent	SSN
Prefix	First Name*	Prefix	First Name*
Last Name*		Last Name*	
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
Street		Street	
Apartment/Suite Number		Apartment/Suite Number	
City		City	
State	Zip Code	State	Zip Code
Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust	Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust

Beneficiary 7		**Beneficiary 8**	
☐ Primary ☐ Contingent	SSN	☐ Primary ☐ Contingent	SSN
Prefix	First Name*	Prefix	First Name*
Last Name*		Last Name*	
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
Street		Street	
Apartment/Suite Number		Apartment/Suite Number	
City		City	
State	Zip Code	State	Zip Code
Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust	Beneficiary Percentage*	Relationship to Account Owner* ☐ Spouse ☐ Estate/Entity ☐ Non-Spouse ☐ Trust