

Account Number _____

Rep ID _____ Alternate Branch _____

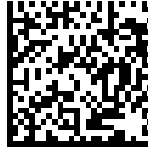
NEW CLIENT WORKSHEET – ENTITY (To be used for the following entity types: Business Corporation, Business Investment Club, Business Non-Profit, Business Partnership, Government and Estate)

ENTITY DETAILS	
Country of Organization	Country of Headquarters
EIN	Entity Name
<p>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.</p> <p>Is Plan ERISA qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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

Business Corporation
<p>Legal Structure</p> <p><input type="checkbox"/> Limited Liability Company; LLC Tax Classification: <input type="checkbox"/> Partnership <input type="checkbox"/> Single Member LLC <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp</p> <p><input type="checkbox"/> C-Corp</p> <p><input type="checkbox"/> S-Corp</p> <p><input type="checkbox"/> Publicly Traded Nationally; Exchange: <input type="checkbox"/> AMEX <input type="checkbox"/> NASDAQ <input type="checkbox"/> NYSE <input type="checkbox"/> OTC <input type="checkbox"/> Other <input type="checkbox"/> Regional</p> <p><input type="checkbox"/> Publicly Traded Regionally; Exchange: <input type="checkbox"/> AMEX <input type="checkbox"/> NASDAQ <input type="checkbox"/> NYSE <input type="checkbox"/> OTC <input type="checkbox"/> Other <input type="checkbox"/> Regional</p> <p><input type="checkbox"/> Pink Sheet</p> <p><input type="checkbox"/> Closely Held</p> <p>Number of employees</p> <p><input type="checkbox"/> Less than 5 <input type="checkbox"/> 5 – 10 <input type="checkbox"/> 11 – 20 <input type="checkbox"/> 21 – 100 <input type="checkbox"/> 101 – 500 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> 1,001 – 50,000 <input type="checkbox"/> More than 50,000</p>
Business Investment Club
<p>Legal Structure</p> <p><input type="checkbox"/> Investment Club – Complete an Investment Club Member worksheet for each member (WKST 3).</p>
Business Non-Profit
<p>Legal Structure</p> <p><input type="checkbox"/> Incorporated Foundation <input type="checkbox"/> Non-Incorporated Foundation <input type="checkbox"/> Incorporated Non-Profit <input type="checkbox"/> Non-Incorporated Non-Profit</p>
Business Partnership
<p>Legal Structure</p> <p><input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership</p> <p>Number of employees</p> <p><input type="checkbox"/> Less than 5 <input type="checkbox"/> 5 – 10 <input type="checkbox"/> 11 – 20 <input type="checkbox"/> 21 – 100 <input type="checkbox"/> 101 – 500 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> 1,001 – 50,000 <input type="checkbox"/> More than 50,000</p>
Government
<p>Legal Structure</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Township <input type="checkbox"/> Non-US Government <input type="checkbox"/> Non-Governmental Organization</p> <p><input type="checkbox"/> School District</p>
Estate
<p><input type="checkbox"/> Estate – Provide the decedent's information</p> <p>First Name: _____ M.I.: _____ Last Name: _____</p> <p>Date of Birth: _____ Date of Death: _____</p>

Financial Entity (Not applicable for Estates.)		
<p>Is the client a financial entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Commodity Dealer</p> <p><input type="checkbox"/> Federally Registered Investment Advisor; Federal Registration SEC Number: _____</p> <p><input type="checkbox"/> Federally Regulated Bank</p> <p><input type="checkbox"/> Federally Regulated Credit Union</p> <p><input type="checkbox"/> Federally Regulated Mortgage</p> <p><input type="checkbox"/> Federally Regulated Savings Association</p> <p><input type="checkbox"/> Foreign Bank</p>	<p>If yes, what is the financial entity type (select one)?</p> <p><input type="checkbox"/> Futures Commission Merchant</p> <p><input type="checkbox"/> Insurance Company</p> <p><input type="checkbox"/> Introducing Broker</p> <p><input type="checkbox"/> Mutual Fund</p> <p><input type="checkbox"/> Other Foreign – Comparable to US Non-Regulated Institution</p> <p><input type="checkbox"/> Other Foreign – Comparable to US Regulated Institution</p> <p><input type="checkbox"/> Savings and Loan</p>	<p><input type="checkbox"/> State Registered Investment Advisor</p> <p>State Registration IARD/CRD Number: _____</p> <p><input type="checkbox"/> State Regulated Bank</p> <p><input type="checkbox"/> State Regulated Credit Union</p> <p><input type="checkbox"/> State Regulated Mortgage</p> <p><input type="checkbox"/> State Regulated Savings Association</p> <p><input type="checkbox"/> Thrift</p>



NEW CLIENT WORKSHEET – ENTITY

CONTACT/ADDRESS

Phone Number – Indicate the primary phone number by checking the appropriate box.	<input type="checkbox"/> Business
<input type="checkbox"/> Home	<input type="checkbox"/> Cell
<input type="checkbox"/> 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		Total Assets	
<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> \$1,000,000 - \$9,999,999	<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> \$1,000,000 - \$49,999,999
<input type="checkbox"/> \$100,000 - \$499,999	<input type="checkbox"/> \$10,000,000 - \$999,999,999	<input type="checkbox"/> \$100,000 - \$499,999	<input type="checkbox"/> \$50,000,000 - \$999,999,999
<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$1,000,000,000+	<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$1,000,000,000+
Invested Assets (Aggregate Assets in Portfolio)		Is the client a large trader?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> \$1,000,000 - \$9,999,999	If yes, Large Trader ID number: _____	
<input type="checkbox"/> \$100,000 - \$499,999	<input type="checkbox"/> \$10,000,000 - \$999,999,999		
<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$1,000,000,000+		

*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)

<input type="checkbox"/> None	<input type="checkbox"/> Alternative Investments	<input type="checkbox"/> Exchange-Traded Funds	<input type="checkbox"/> Annuities
<input type="checkbox"/> Bonds	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Futures	<input type="checkbox"/> Inverse/Leveraged Products
<input type="checkbox"/> Options	<input type="checkbox"/> Margin	<input type="checkbox"/> Stocks	<input type="checkbox"/> 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)

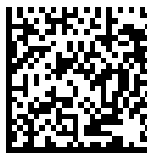
Is there more than one entity contact? Yes No If yes, complete the Additional Entity Contact Worksheet (WKST 1).

Social Security Number	Prefix	First Name	M.I.
Last Name	Date of Birth (MM/DD/YYYY)	Executor Title (Estate accounts only) <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Personal Representative	
Primary Phone <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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: _____



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

Form with fields: 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?*, Primary Phone, Business, Cell, Alternate, Home, Alternate, Primary Email, Secondary Email, 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, Aggressive Growth/Aggressive Income, Balanced Growth, Speculation, Growth

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

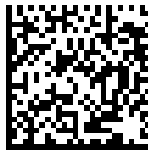
- Minimal, Low, Moderate, High, Maximum

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+



NEW CLIENT WORKSHEET – ENTITY

ACCOUNT ROLES

Authorized Signer (Not applicable for Estate Accounts)

Form fields for Authorized Signer: Social Security Number, Prefix, First Name, M.I., Last Name, Date of Birth, Street, 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.

Form fields for 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

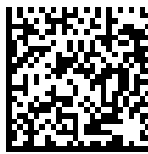
Beneficiary Information (For Retirement Accounts Only)

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

Form fields for Beneficiary Information: Beneficiary 1 and Beneficiary 2 details including Primary/Contingent status, SSN, Prefix, First Name, Last Name, Date of Birth, Street, Apartment/Suite Number, City, State, Zip Code, and Beneficiary Percentage/Relationship to Account Owner.

ADDITIONAL SERVICES

Form fields for 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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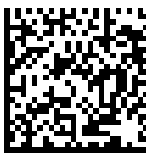
ADDITIONAL ENTITY CONTACT WORKSHEET

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) <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Personal Representative	
Primary Phone <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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) <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Personal Representative	
Primary Phone <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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) <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Personal Representative	
Primary Phone <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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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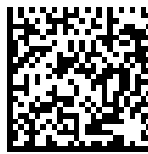
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BENEFICIAL OWNER WORKSHEET

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* <input type="checkbox"/> Person <input type="checkbox"/> 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* <input type="checkbox"/> Business – Corporation <input type="checkbox"/> Business – Non-Profit <input type="checkbox"/> Business – Partnership <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Estate		
	Entity Name*			
Contact Information				
Primary Phone <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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* <input type="checkbox"/> Person <input type="checkbox"/> 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* <input type="checkbox"/> Business – Corporation <input type="checkbox"/> Business – Non-Profit <input type="checkbox"/> Business – Partnership <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Estate		
	Entity Name*			
Contact Information				
Primary Phone <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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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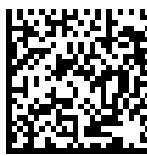
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INVESTMENT CLUB MEMBER WORKSHEET

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 <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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? <input type="checkbox"/> Yes, provide the employee's name and relationship. <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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? <input type="checkbox"/> Yes, provide the employee's name and relationship. <input type="checkbox"/> No <input type="checkbox"/> Self			
Employee's Name		Relationship to Employee	



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ADDITIONAL BENEFICIARY WORKSHEET *(Applicable for Retirement Accounts only.)*

Beneficiary 3			Beneficiary 4		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		SSN	<input type="checkbox"/> Primary <input type="checkbox"/> 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* <input type="checkbox"/> Spouse <input type="checkbox"/> Estate/Entity <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Percentage*		Relationship to Account Owner* <input type="checkbox"/> Spouse <input type="checkbox"/> Estate/Entity <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust

Beneficiary 5			Beneficiary 6		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		SSN	<input type="checkbox"/> Primary <input type="checkbox"/> 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* <input type="checkbox"/> Spouse <input type="checkbox"/> Estate/Entity <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Percentage*		Relationship to Account Owner* <input type="checkbox"/> Spouse <input type="checkbox"/> Estate/Entity <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust

Beneficiary 7			Beneficiary 8		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		SSN	<input type="checkbox"/> Primary <input type="checkbox"/> 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* <input type="checkbox"/> Spouse <input type="checkbox"/> Estate/Entity <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Percentage*		Relationship to Account Owner* <input type="checkbox"/> Spouse <input type="checkbox"/> Estate/Entity <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust