

Confidential Client Worksheet Legacy Clients

INSTRUCTIONS FOR ACCOUNT OWNER

In order to abide by industry regulations, your Financial Advisor was unable to bring copies of client records and files to RBC Wealth Management. So we may establish investment accounts for you at RBC Wealth Management, please provide the information requested below.

- Please complete this worksheet in its entirety.
- Return this worksheet, the Account Transfer Form(s), and a copy of your most recent account statement(s) in the postage paid envelope provided.

After we receive the information, your account(s) will be established and new account paperwork will be sent to you for your signature.							
PERSONAL							
Prefix Full Name (First, M.I., L				Suffix			
Social Security Number Date of Birth		Date of Birth		Marital Statu		☐ Domestic Partner	
Number of Dependents U.S. Citizen/Permane		ent Resident [⊥ □ Yes □ No	□ Married o	☐ Single ☐ Widowed		
(include self)							
CONTACT/ADDRESS		□ Home	A delitional Dham			☐ Home	
Primary Phone		☐ Business☐ Cell	Additional Phone	Э		☐ Hoffle ☐ Business ☐ Cell	
Email Address							
Address of Residence (PO Box is not allowed)			MAILING ADDRESS, IF DIFFERENT FROM ADDRESS OF RESIDENCE				
Street			Street				
Apt/Suite			Apt/Suite				
City, State, ZIP Code			City, State, ZIP Code				
FINANCIAL			1				
ANNUAL INCOME (EXCL	UDE SPOUSE'S	NCOME)	LIQUID NET	WORTH (INCLU	DE IMMEDIATE HOL	SEHOLD LIQUID ASSETS)	
□ Less than \$50,000 □ \$400,000 - \$499,999 □ \$50,000 - \$199,999 □ \$750,000 - \$999,999 □ \$200,000 - \$299,999 □ \$1,000,000+ □ \$300,000 - \$399,999			□ Less than \$100,000 □ \$500,000 - \$999,999 □ \$1,000,000 - \$249,999 □ \$1,000,000 - \$2,999,999 □ \$250,000 - \$499,999 □ \$3,000,000+				
NET WORTH (INCLU	DE VALUE OF H	OME)	Тота	L LIABILITIES (A	LL SOURCES, INCL	UDING MORTGAGE)	
□ Less than \$100,000 □ \$100,000 - \$249,999 □ \$250,000 - \$499,999	ss than \$100,000 □ \$500,000 - \$999,999 □ \$1,000,000 - \$2,999,999		□ Less than \$50,000 □ \$400,000 - \$499,999 □ \$50,000 - \$749,999 □ \$500,000 - \$749,999 □ \$750,000 - \$999,999 □ \$750,000 - \$999,999 □ \$1,000,000+ □ \$300,000 - \$399,999				
Tax Br	RACKET		_	4000,000			
□ 0 – 10% □ 11% – 15% □ 16%- 25%	□ 26% – 28% □ 29% – 33% □ 33+%		Do you have a Large Trader ID*? ☐ Yes ☐ No If Yes, what is your Large Trader ID number?				
Known Financial Advisor Since (mm/dd/yyyy)	<u> </u>		Years as an Inv	vestor			
INVESTMENT EXPERIENCE** Please □ None □ Bonds □ □ Stocks □ Mutual Funds □	☐ Options☐ Annuities	☐ Margin ☐ ☐ Futures ☐	l Active Short-Te l Exchange Trade	rm Trading ed Funds (ETF	□ Inverse/	Leveraged Products ve Investments	
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.							

*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

PLEASE SEE REVERSE SIDE



Confidential Client Worksheet *Legacy Clients*

Acceptations							
ASSOCIATIONS	na hashan dashan a saniffas anahan na FINDA						
1. Are you or an immediate family member affiliated with or employed by a broker-dealer, a securities exchange, FINRA, ☐ Yes ☐ No or MSRB?							
If yes, name of B/D and position:							
2. Are you or an immediate family member 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 ☐ No							
If yes, name of company, ticker symbol, and position:							
3. Are you related to an RBC Wealth Management employee? ☐ Yes ☐ No							
If yes, name of employee, employee's position, and relationship to employee:							
EMPLOYMENT							
Employer Name							
Employer Name	Occupation						
Employer Address							
Employer City, State, ZIP Code							
ACCOUNT OBJECTIVES							
INVESTMENT OBJECTIVE** (Choose One)							
☐ Preservation of Principal/Income – The investment goal is capital pre	servation 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 sign							
☐ Speculation – The investment goal is to maximize capital appreciatio	n.						
RISK TOLERANCE** Please indicate your risk tolerance. (Choose One)							
☐ 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 t	he potential for significant fluctuation or loss in value while seeking to						
maximize potential returns.							
INVESTMENT TIME HORIZON** When do you expect to cease accumulating							
□ Less than 1 Year □ 1-3 years □ 4-6 years □ 7-8 years □ 9-11 years □ 12 years or more							
LIQUIDITY NEEDS** On an annual basis, what are your expected withdrawal n ☐ Less than \$1,000 ☐ \$1,000 - \$9,999 ☐ \$10,000 - \$49,999 ☐							
□ Less than \$1,000 □ \$1,000 - \$9,999 □ \$10,000 - \$49,999 □ SOURCE OF FUNDS** (Choose One) □ Business/Self-Employment	□ \$50,000 - \$99,999 □ \$100,000 - \$249,999 □ \$250,000+ □ Gift/Inheritance □ Investment Income □ Rollover						
☐ Sale of Asset ☐ Savings	☐ Settlement ☐ Transfer ☐ Wages/Income						
	E cettement E mansier E wages/meeme						
TRUSTED CONTACT**							
	administering the customer's account, protecting assets, and responding						
to possible financial exploitation. RBC WM may use its discretion in relying on any information provided by the trusted contact person. A trusted contact is not an authorized party on the account(s) and RBC WM may not rely on instructions from a trusted contact to make transactions							
related to the account.	not lely of instructions from a trusted contact to make transactions						
Full Name (First, M.I., Last)							
	il Address						
☐ Business ☐ Cell							
Address							
City, State, ZIP Code							
Relationship to Owner	elation ☐ Other Relative ☐ Parent ☐ Sibling ☐ Spouse						

^{**}As this information may vary by account, please provide additional documentation for each account, or, if you prefer, you may provide this information by phone.



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BENEFICIARY INFORMATION FOR RETIREMENT OR TRANSFER ON DEATH (TOD) ACCOUNTS – ATTACH SEPARATE SHEET AS NEEDED**							
Beneficiary 1% ☐ Primary ☐ Contingent ☐ Transfer on Death (TOD) ☐ Per Stirpes ☐ Pro Rata							
Full Name (First, M.I., Last)							
Social Security Number Date of Birth							
Address City, State, ZIP Code							
Relationship to Owner							
Beneficiary 2% ☐ Primary ☐ Contingent ☐ Transfer on Death (TOD) ☐ Per Stirpes ☐ Pro Rata							
Full Name (First, M.I., Last)							
Social Security Number Date of Birth							
Address City, State, ZIP Code							
Relationship to Owner ☐ Spouse ☐ Non-spouse ☐ Estate/Entity ☐ Trust							
Beneficiary 3% ☐ Primary ☐ Contingent ☐ Transfer on Death (TOD) ☐ Per Stirpes ☐ Pro Rata							
Full Name (First, M.I., Last)							
Social Security Number Date of Birth							
Address City, State, ZIP Code							
Relationship to Owner Spouse Non-spouse Estate/Entity Trust							
Trust Details (if applicable)							
Trust Title (must be exact title listed on trust) Trust Date							
ADDITIONAL ACCOUNT ROLES – ATTACH SEPARATE SHEET AS NEEDED**							
Role Type $\ \square$ Trading Authority $\ \square$ Power of Attorney $\ \square$ Minor (for Custodial or Education – Held Away 529 accounts) $\ \square$ Trustee							
Full Name (First, M.I., Last)							
Social Security Number Date of Birth							
Address City, State, ZIP Code							
Relationship to Account Owner Spouse Sibling Parent Other Relative No Relation Child							
If Role is Trading Authority or Power of Attorney, please complete the information through the Authorization Details section.							
Authorization Type							
Investment Experience □ None □ Bonds □ Options □ Margin □ Active Short-Term Trading □ Inverse/Leveraged Products □ Stocks □ Mutual Funds □ Annuities □ Futures □ Exchange Traded Funds (ETF) □ Alternative Investments							
Reason for Authorization:							

^{**}As this information may vary by account, please provide additional documentation for each account, or, if you prefer, you may provide this information by phone.