



Account Number_	
Rep ID_	Alternate Branch

ENTITY DETAILS					
Entity Identification Number		Foreign	s 🗆 No		
Entity Name					
Qualified Plan Date or Trust Date (if applicable)					
Legal Structure					
Partnerships □ Limited Liability Partnership □ General Partnership □ Limited Partnership □ Incorporated Partnership □ Incorporated Partnership □ Non-incorporated Partnership	Foundation ated Foundation Non-Profit	Business Corpor Limited Liabi Sub-chapter S Publicly trade Publicly trade Pink sheet Closely held If applicable: Exchange Security Symb	ility Corporation S Corporation ed nationally ed regionally	Government Federal State County Municipal Township Non-US Go Non Govern Organization (1	nmental NGO)
Number of employees	7.21.100	1 101 500	G 501 1000	T 1001 5000	
☐ Less than 5 ☐ $5-10$ ☐ $11-20$ ☐ Is Client a Financial Entity? ☐ Yes ☐ No If yes, please check one:	21 – 100	1 101 – 500	501-1000	□ 1001 – 5000	☐ More than 5000
□ Federally regulated bank □ State regulated mortgage □ Thrift □ Federally regulated mortgage □ State regulated savings association □ Mutual fund □ Federally regulated savings association □ State regulated bank □ Introducing broker □ Federally registered investment advisor □ Savings and loan □ Futures commission merchant □ Federally regulated credit union □ Other foreign □ Insurance company □ State registered investment advisor □ Foreign Bank					chant
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. □ 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 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.					



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Every Description					
ENTITY DETAILS CONTINUED	4 1 24 1 1 1	C 41: 49			
Liquidity Needs. On an annual basis, what are your	expected withdrawai needs	s from this account?			
☐ Less than \$10,000 ☐ \$10,000 to \$99,999	□ \$100,000 to \$499,99 □ \$500,000 to \$999,99		51,000,000 to \$2,499,999 52,500,000 +		
Investment Time Horizon. When do you expect to	cease accumulating assets i	in this account, and begin withdra	awing significantly from the p	rincipal?	
☐ Less than 1 year	☐ 4 to 6 years	□ 9	to 11 years		
☐ 1 to 3 years	☐ 7 to 8 years		2 years or more		
Investment Experience. Please check the products/	strategies that best reflect y	our investment experience to date	e.		
-	Options Mar	_		ed Products	
	Annuities				
Source of Client	□ Evicting Client □ Nove	Don Transfer Donoral Access	interned D Commission D Wells	in/Call in	
☐ Client Referral ☐ RBC Referral ☐ Cold Call	Existing Chent Li New	Rep Transfer \square Personal Acqua	waik-	-III/Call-III	
Name of referring person					
Contact/Address					
Note: Information in this section is for the entity. En	tity contact information sho	ould be entered on page 2.			
Business Phone	Extension	Fax			
Alternate Phone		Preferred Phone □ Alternate	☐ Business		
All en Tole 11		, C 1, , 11			
Address of Business – If alternate addresses, please	attach additional pages (up	1			
Country		☐ Apartment Number	□ Suite Number		
Street		City			
		City			
State		Zip Code			
FINANCIAL					
Gross Annual Revenue		Total Assets			
	000 - \$9,999,999	☐ Less than \$100,000	□ \$1,000,000 - \$49,999,99		
	,000 - \$999,999,999	□ \$100,000 - \$499-999	□ \$50,000,000 - \$999,999,	,999	
□ \$500,000 - \$999,999 □ \$1,000,0	000,000+	□ \$500,000 - \$999,999	□ \$1,000,000,000+		
Invested Assets (Aggregate Assets in Portfolio)		Is the client a large trader?*	Large Trader ID		
	000 - \$9,999,999				
	,000 - \$999,999,999	☐ Yes			
□ \$500,000 - \$999,999 □ \$1,000,0	000,000+	□ No			
CLIENT ROLES - INDIVIDUAL					
Roles for Individuals – if more than one Role or m	ore than one individual in a	Role, please attach additional pa	.ges.		
☐ Beneficial Owner ☐ Entity Contact ☐ Executor ☐ Grantor ☐ Investment Club Member ☐ Plan Sponsor ☐ Trustee (Greater than 25%)					
SSN	Date of Birth (mm/dd/yyyy)				
3511		But of Bitti (iiiii) day yyy)			
Prefix First Name	Middle Initial	Last Name		Suffix	
Contact Information					
Business Phone	Extension	Cell Phone			
Alternate Phone		Preferred Phone □ Alternate □ Business □ Cell			





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CLIENT RO	oles - Individual Continued						
Fax			E-mail				
Address of F	Residence						
Country			☐ Apartment Number ☐ Suite Numbe	r			
Street			City				
State			Zip Code				
CLIENT RO	DLES - ENTITY						
Roles filled b	oy an Entity (please check Role) □ Plan	n sponsor	party administrator Trustee				
EIN			☐ Foreign ☐ Awaiting EIN				
Entity Type:	☐ Business – Investment Club ☐ Business – Non-Profit ☐ Club	Estate Government Trust	Employer Plan Sponsored Retirement Plan: Custodial Qualified Plan Self-Trusteed Qualified Plan using RBC Wealth Management documents				
	☐ Business – Partnership		☐ Self-Trusteed Qualified Plan using third-party documents				
Entity (Estate	e, Trust or Plan) Name:						
Contact Info	ormation						
Prefix	First Name	Middle Initial	Last Name	Suffix			
Business Pho	one	Extension	Cell Phone				
Alternate Pho	one		Preferred Phone □ Alternate □ Business □ Cel	I			
Fax		E-mail					
Address of Business							
Country			Suite Number				
Street			City				
State			Zip Code				





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NEW ACCOUNT WORKSHEET - ENTITY

TRUSTED CONTACT PERSON - NOT APPLICAB	LE FOR INST	ITUTIONAL A	CCOUNTS	S			
The trusted contact person is intended to be a resour the trusted contact person and disclose pertinent a current contact information, health status or the ide authorized party on the account and RBC WM will *Information required to designate a trusted contact	account inform lentity of any a l not accept ins	mation, as nec	essary, to resentativ	o address ves (e.g. I	possible financial exp POA, trustee, etc.) or b	ploitation and/or to confirm the client peneficiaries. A trusted contact is not	nt's t an
First Name *	N	M.I.		Last Naı	me *		
Phone Number *	Email address	;					
Address						Apt/Suite	
City			State			Zip Code	
Relationship Child Domestic	ic Partner [□ Parent		ibling	□ Spouse □	Other Relative No Relation	on
Associations							
Controlling Security Positions - Is the client in a If yes:	a control posit	tion? Yes	s 🗆 No)			
Business Name			Position or Title				
Symbol							
Employee Relationship - Is the client related to a If yes:	an employee?	□ Yes □] No				
Employee First Name	Employe	ee Middle Initi	Employee Last Name			e	
Relationship to Employee							
Class: □ M – Senior manager □ U – Employed	e-immediate r	elationship [J V − En	nployee-6	extended relationship	\square Z – Director that is an employed	e
Account							
Account Types							
□ Estate							
☐ Trust Trust Title (must be exact title listed on a	trust)					Trust Date	
Entity							
☐ Business Corporation ☐ Business Investr	ment Club	☐ Busine	ess Non-I	Profit	☐ Business Partnersh	nip	
Retirement							
□ TB – Self Trusteed Profit Sharing and 401(k) and Money Purchase Plan □ TM – Self Trusteed Money Purchase Plan □ TP – Self Trusteed Profit Sharing Plan □ TK – Self Trusteed 401(k) Profit Sharing Plan □ TO – Self Trusteed Owner Only 401(k) Profit Sharing Plan □ KM – Custodial Money Purchase Plan □ KP – Custodial Profit Sharing Plan				DO – Dec DK – Dec DB – Dec 4K – 4016 S4 – SIM	edent IRA cedent ROTH cedent Custodial Plan cedent 403(b) Plan (k) plan using a third- PLE 401(k) plan diffed Plan using a thir	•	



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ACCOUNT CONTINUED								
Source of Funds	☐ Business/Self-Employmen	t □ Sale of Asset	☐ Settlement	☐ Inve	stment Income			
	☐ Gift/Inheritance	☐ Savings	☐ Wages/Income					
Trading Authority								
SSN			Date of Birth (mm/dd/yyyy)					
First Name		Middle Initial	Last Name		Suffix			
ADDITIONAL SER	RVICES							
□ ACH								
☐ Advisory Service	S							
☐ Investment Acces	ss/VISA/Checking							
☐ RBC Express Credit (margin)								
□ Options								
□ RBC Wealth Management Connect								
☐ Standard Checking								

^{*}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.