



Account Number _____

Rep ID _____ Alternate Branch _____

NEW CLIENT WORKSHEET - ENTITY

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)			
<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> \$1,000,000 - \$9,999,999		
<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+		

CLIENT ROLES - INDIVIDUAL

Roles for Individuals – if more than one Role or more than one individual in a Role, please attach additional pages.

Entity Contact Executor Grantor Investment Club Member Plan Sponsor Trustee

SSN		Date of Birth (mm/dd/yyyy)	
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Prefix	First Name	Middle Initial	Last Name	Suffix
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Contact Information

Business Phone	Extension	Cell Phone
Alternate Phone		Preferred Phone <input type="checkbox"/> Alternate <input type="checkbox"/> Business <input type="checkbox"/> Cell
Fax		E-mail

Address of Residence

Country	<input type="checkbox"/> Apartment Number _____ <input type="checkbox"/> Suite Number _____
Street	City
State	Zip Code

Primary ID Document: <input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> State I.D. <input type="checkbox"/> Other Photo I.D.	Document Number
Secondary ID: <input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> State I.D. <input type="checkbox"/> Other Photo I.D.	Document Number

Employee Relationship (Complete for Investment Club Members Only)

Investment Club Member related to an employee? Yes No

Employee First Name	Employee Middle Initial	Employee Last Name
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Relationship to Employee

<input type="checkbox"/> Spouse or domestic partner	<input type="checkbox"/> Parent	<input type="checkbox"/> Employee provides material financial support
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Brother-in-law or sister-in-law	
<input type="checkbox"/> Grown child	<input type="checkbox"/> Mother-in-law or father-in-law	
<input type="checkbox"/> Minor Child	<input type="checkbox"/> Relative residing in employee's home	



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NEW CLIENT WORKSHEET - ENTITY

CLIENT ROLES – ENTITY

Roles filled by an Entity (please check Role) Plan sponsor Third party administrator Trustee

EIN Foreign Awaiting EIN

Entity Type: Business – Corporation Estate Business – Investment Club Government Business – Non-Profit Trust Business – Partnership
Employer Plan Sponsored Retirement Plan: Custodial Qualified Plan Self-Trusteed Qualified Plan using RBC Wealth Management documents Self-Trusteed Qualified Plan using third-party documents

Entity (Estate, Trust or Plan) Name:

Contact Information

Prefix First Name Middle Initial Last Name Suffix
Business Phone Extension Cell Phone
Alternate Phone Preferred Phone Alternate Business Cell
Fax E-mail

Address of Business

Country Suite Number
Street City
State Zip Code

ASSOCIATIONS

Controlling Security Positions - Is the client in a control position? Yes No
If yes:

Business Name Position or Title

Symbol

Employee Relationship - Is the client related to an employee? Yes No
If yes:

Employee First Name Employee Middle Initial Employee Last Name

Relationship to Employee

Class: M – Senior manager U – Employee-immediate relationship V – Employee-extended relationship Z – Director that is an employee



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NEW ACCOUNT WORKSHEET - ENTITY

ACCOUNT

Account Types

- Estate
- Trust *Trust Title (must be exact title listed on trust)* _____ *Trust Date* _____

Entity

- Business Corporation Business Investment Club Business Non-Profit Business Partnership Government

Retirement

- TB – Self Trusteed Profit Sharing and 401(k) and Money Purchase Plan DI – Decedent IRA
- TM – Self Trusteed Money Purchase Plan DO – Decedent ROTH
- TP – Self Trusteed Profit Sharing Plan DK – Decedent Custodial Plan
- TK – Self Trusteed 401(k) Profit Sharing Plan DB – Decedent 403(b) Plan
- TO – Self Trusteed Owner Only 401(k) Profit Sharing Plan 4K – 401(k) plan using a third-party document
- KM – Custodial Money Purchase Plan S4 – SIMPLE 401(k) plan
- KP – Custodial Profit Sharing Plan QP – Qualified Plan using a third-party document

- Source of Funds Business/Self-Employment Sale of Asset Settlement Investment Income
- Gift/Inheritance Savings Wages/Income

Trading Authority

SSN		Date of Birth (mm/dd/yyyy)	
First Name	Middle Initial	Last Name	Suffix

ADDITIONAL SERVICES

- ACH Advisory Services DRConnect Investment Access/VISA/Checking Margin Options Standard Checking