RBC Global Asset Management™

RBC Funds - Class A, C, S

New Account Application

Please do not use this form for IRA accounts

Mail to: RBC Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: RBC Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

» In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: ***full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.*** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1 Investor Information | Select one

☐ Individual

FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER | DRIVER'S LICENSE OR STATE I.D. NUMBER | STATE OF ISSUE

☐ Joint Owner

FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER | DRIVER'S LICENSE OR STATE I.D. NUMBER | STATE OF ISSUE

☐ Gift to Minor

CUSTODIAN'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

CUSTODIAN'S SOCIAL SECURITY NUMBER | DRIVER'S LICENSE OR STATE I.D. NUMBER | STATE OF ISSUE

MINOR'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

MINOR'S SOCIAL SECURITY NUMBER | MINOR'S STATE OF RESIDENCE

☐ Tax Exempt Organization
☐ Corporation
☐ Partnership
☐ Limited Liability Company
☐ S Corporation
☐ Trust
☐ Other Entity

NAME OF TRUST / CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

NAME(S) OF TRUSTEE(S)

SOCIAL SECURITY NUMBER / TAX I.D. NUMBER | DATE OF AGREEMENT (MM/DD/YYYY)

You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

2 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET | APT / SUITE

CITY | STATE | ZIP CODE

DAYTIME PHONE NUMBER | EVENING PHONE NUMBER

E-MAIL ADDRESS

❑ Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET | APT / SUITE

CITY | STATE | ZIP CODE

** A P.O. Box may be used as the mailing address.*

❑ Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

❑ Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

3 Investment and Distribution Options

❑ **By check:** Make check payable to the RBC Funds.

Note: Generally, cashier's checks of $10,000 or less, money orders of any amount and third party checks are not accepted.

❑ **By wire:** Call 800-422-2766.

Note: A completed application is required in advance of a wire.

	Investment Amount *$1,000 Minimum* *$100 AIP Reduced Minimum*	Capital Gains Reinvest	Capital Gains Cash*	Dividends Reinvest	Dividends Cash*
❑ RBC SMID Cap Growth Fund Class A 1426	$	❑	❑	❑	❑
❑ RBC SMID Cap Growth Fund Class C 1427	$	❑	❑	❑	❑
❑ RBC SMID Cap Growth Fund Class S 1432	$	❑	❑	❑	❑
❑ RBC Enterprise Fund Class A 1433	$	❑	❑	❑	❑
❑ RBC Enterprise Fund Class C 1434	$	❑	❑	❑	❑
❑ RBC Enterprise Fund Class S 1437	$	❑	❑	❑	❑

3 Investment and Distribution Options *continued*

Fund	Amount	Capital Gains Reinvest	Capital Gains Cash*	Dividends Reinvest	Dividends Cash*
❑ RBC Small Cap Core Fund Class A 1438	$	❑	❑	❑	❑
❑ RBC Small Cap Core Fund Class C 1439	$	❑	❑	❑	❑
❑ RBC Small Cap Core Fund Class S 1451	$	❑	❑	❑	❑
❑ RBC Microcap Value Fund Class A 1452	$	❑	❑	❑	❑
❑ RBC Microcap Value Fund Class C 1453	$	❑	❑	❑	❑
❑ RBC Microcap Value Fund Class S 1455	$	❑	❑	❑	❑

If nothing is selected, capital gains and dividends will be reinvested.
Dividends and capital gains less than $10 will automatically be reinvested.

***Cash distribution should be paid by (select one):** ❑ Check to Address of Record ❑ ACH to Bank of Record
Valid Voided Check Needed

Sales Charge Waiver

Sales charges will be waived for purchases in accounts through wrap programs in which the fund participates, through "one step" mutual fund networks, through trust companies and banks acting in a fiduciary, advisory, agency, custodial or similar capacity or through group retirement plans..

❑ Qualified Purchaser

CATEGORY AND EXPLANATION

4 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): ❑ Weekly ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

$50 minimum

Fund	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
❑ RBC SMID Cap Growth Fund Class A 1426			
❑ RBC SMID Cap Growth Fund Class C 1427			

4 Automatic Investment Plan (AIP)

Fund	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
❑ RBC SMID Cap Growth Fund Class S 1432			
❑ RBC Enterprise Fund Class A 1433			
❑ RBC Enterprise Fund Class C 1434			
❑ RBC Enterprise Fund Class S 1437			
❑ RBC Small Cap Core Fund Class A 1438			
❑ RBC Small Cap Core Fund Class C 1439			
❑ RBC Small Cap Core Fund Class S 1451			
❑ RBC Microcap Value Fund Class A 1452			
❑ RBC Microcap Value Fund Class C 1453			
❑ RBC Microcap Value Fund Class S 1455			

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

5 Telephone and Internet Options

Please select your preferred option(s). Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

Redemption $50 minimum – permits the transfer of funds via:

- ❑ Check to mailing address in Section 2
- ❑ Federal wire to your bank in Section 7 (there may be a charge for each wire)*
- ❑ Electronic Funds Transfer (EFT), at no charge, to your bank in Section 7 (funds are typically credited within two business days after redemption)*

❑ **Purchase (EFT)** $50 minimum – permits the on-demand purchase of shares from your bank account*

❑ **Exchange** $100 minimum – permits the exchange of shares between identically registered accounts.

** If you selected any of these options, please attach a voided check or savings deposit slip to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

❑ **Decline - I do not wish to utilize any of the above options at this time.**

6 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 business days prior to initial transaction.

System Withdrawal Plan (SWP) $50 minimum and $10,000 account value minimum – permits the automatic withdrawal of funds.

❑ Payments will be mailed to address in Section 2.
❑ Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

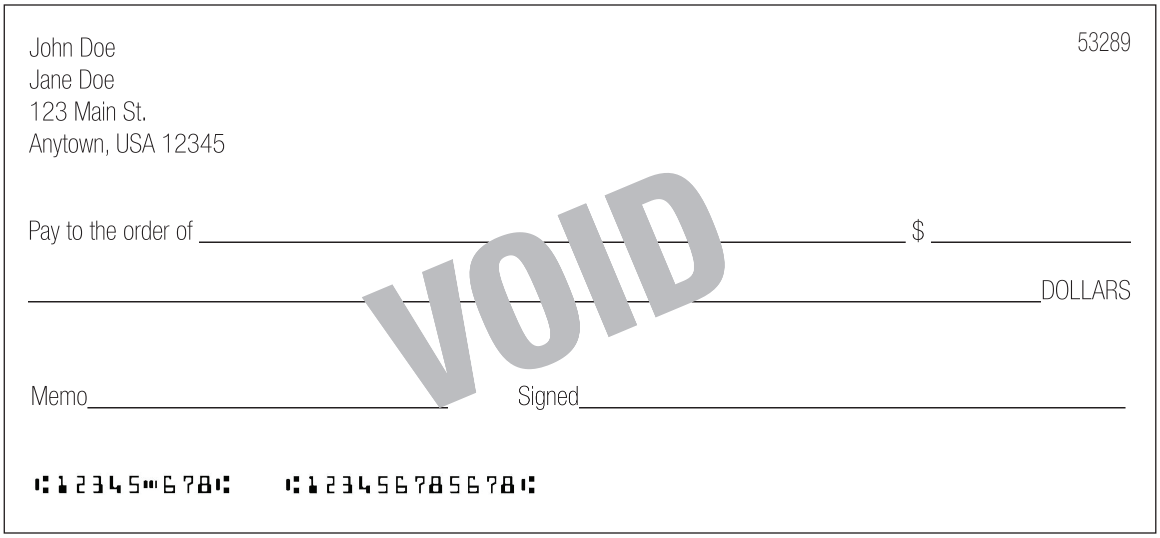
Make payments ❑ Monthly ❑ Quarterly ❑ Annually **starting with the month given here:**

Fund	AMOUNT PER DRAW	AIP START MONTH	SWP START DAY
❑ RBC SMID Cap Growth Fund Class A 1426			
❑ RBC SMID Cap Growth Fund Class C 1427			
❑ RBC SMID Cap Growth Fund Class S 1432			
❑ RBC Enterprise Fund Class A 1433			
❑ RBC Enterprise Fund Class C 1434			
❑ RBC Enterprise Fund Class S 1437			
❑ RBC Small Cap Core Fund Class A 1438			
❑ RBC Small Cap Core Fund Class C 1439			
❑ RBC Small Cap Core Fund Class S 1451			
❑ RBC Microcap Value Fund Class A 1452			
❑ RBC Microcap Value Fund Class C 1453			
❑ RBC Microcap Value Fund Class S 1455			

7 Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).



8 Letter of Intent

❑ I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of the RBC Funds on which a sales load has been paid an aggregate amount equal to at least:

❑ $25,000 ❑ $50,000 ❑ $100,000 ❑ $250,000 ❑ $500,000 ❑ $750,000 ❑ $1,000,000 or more

9 Right of Accumulation

A reduced sales load applies to any purchase of the RBC Funds shares, sold with a sales load, where an investor's then-current investment is $25,000 or more. If you have additional RBC Funds accounts, please list them here:

Existing Account Number(s): ______________________

10 E-Delivery Options

I would like to:

- ❑ Receive prospectuses, annual reports and semi annual reports electronically
- ❑ Receive statements electronically
- ❑ Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been been established by visiting www.rbcgam.us.

Please note, you must provide your email address in Section 2 to enroll in eDelivery.

11 Signature and Certification Required by the Internal Revenue Service

✔ I have received and understand the prospectus for the RBC Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

✔ The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "RBC Funds") will not be responsible for banking system delays beyond their control. By completing Sections 4, 5, 6, or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The RBC Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✔ Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

✔ I authorize the Fund to perform a credit check based on the information provided, if necessary.

✔ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am U.S. person (including a U.S. resident alien).** ***(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends)***

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

*SIGNATURE OF OWNER** | *DATE (MM/DD/YYYY)*

*SIGNATURE OF JOINT OWNER** | *DATE (MM/DD/YYYY)*

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

12 Dealer Information

DEALER NAME | *REPRESENTATIVE'S LAST NAME* | *FIRST NAME* | *M.I.*

DEALER'S ID | *BRANCH ID* | *REPRESENTATIVE'S ID*

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS | *CODE*

CITY / STATE / ZIP

TELEPHONE NUMBER

! Before you mail, have you:

- ❑ Completed all USA PATRIOT Act required information?
  - – Social Security or Tax ID Number in Section 1?
  - – Birth Date in Section 1?
  - – Full Name in Section 1?
  - – Permanent street address in Section 2?
- ❑ Enclosed your personal check made payable to the RBC Funds?
- ❑ Included a voided check, if applicable?
- ❑ Signed your application in Section 11?
- ❑ Enclosed additional documentation, if applicable?

For additional information please call toll-free 800-422-2766 or visit us on the web at www.rbcgam.us.