



**Important Notice – THE USA PATRIOT ACT**

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.

**1. Investment Selection & Amount** *(Print clearly in blue or black ink)*

Fund Number	\$ Amount Invested	Fund Name	Investment Method
1465	\$ _____	U.S. Gov't. Money Market Fund - RBC Inst. Class 1	<input type="checkbox"/> <b>By Wire</b> Call us at 800.422.2766 for wire instructions
1466	\$ _____	U.S. Gov't. Money Market Fund - RBC Inst. Class 2	
	\$ _____	<b>Total Amount Invested</b>	

**2. Shareholder Registration**

- Corporation** *(A copy of the certified articles of incorporation or a copy of the business license of the corporation must be attached.)*
- Trust** *(A copy of the first and last pages of the Trust Agreement or a certificate of incumbency must be attached.)*
- Partnership** *(A copy of the partnership agreement must be attached.)*
- Other** \_\_\_\_\_

Name of Corporation, Trust or Partnership \_\_\_\_\_

Tax ID Number \_\_\_\_\_ or Social Security Number \_\_\_\_\_

*If Social Security Number or Tax ID Number has been applied for, provide copy of application.*

You must supply documentation to substantiate the existence of your organization, (i.e. Articles of Incorporation/Formation/Organization, Trust Agreements (including 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.

**Trustee**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

Date of Trust Agreement \_\_\_\_\_

**Authorized Person**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Attach separate list for additional Trustees and/or Authorized Persons including full name, social security number, permanent street address and date of birth.

- Check here if you are a government entity or affiliated with a government entity.

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### 3. Address

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**If mailing address is a post office box, a street address for the permanent place of business is also required by the USA PATRIOT ACT. APO and FPO addresses will be accepted.**

#### Registrant Street Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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### 4. Dividend Distribution Options

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Payment by wire instructions provided in Section 6

Reinvest dividends

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### 5. Telephone & Internet Options

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*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.*

**You have the ability to make telephone and/or internet purchases\*, redemptions\* or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.**

I accept telephone transaction privileges.

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## 6. Bank Information: Standing Wire Instructions

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Your bank account information must be on file in order to settle by wire or electronic funds transfer any purchase or redemption transaction made by telephone or by online computer access. Bank instructions must be submitted on company letterhead and include the following:

Account Name  
Account Number  
Bank Name  
City & State  
ABA Number  
Reference

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## 7. Duplicate Statements

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Completion of this section authorizes that duplication daily confirmations of any account activity will be sent to a third party.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Company or  
Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check this box if you want same third party to also receive duplicate monthly statements

If you need duplicate statements sent to multiple third parties, please attach a separate sheet.

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## 8. Broker/Dealer Information *(To be completed by broker or dealer, if applicable)*

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### Registered Representative

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Firm Name \_\_\_\_\_ Firm ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Broker Rep. # \_\_\_\_\_ Phone \_\_\_\_\_ Branch # \_\_\_\_\_

**We hereby submit this Application for the purchase of Fund shares in accordance with the Prospectus and Statement of Additional Information. A Fiduciary Agreement allowing us this privilege has been filed.**

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## 9. Signature and Certification Required by the Internal Revenue Service

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✓ 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. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, 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 the legal capacity to make this purchase.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing Sections 4, 5, or 6, 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 Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions 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 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 not honored 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.

✓ I understand that my mutual fund account assets 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.

✓ **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 a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (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 a trust, the trustee(s) should sign, or a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.*

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## 10. Optional Features

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### Contact Information

Direct Shareholder Account Set-Up Questions:  
U. S. Bancorp Fund Services  
800-422-2766  
mutualfunds.institutional.services@usbank.com

### To Place a Trade

Call: 800-422-2766

### Wire Instructions

U.S. Bank, N.A.  
777 East Wisconsin Avenue  
Milwaukee, WI 53202  
ABA # 075000022  
Acct 182380369377  
U.S. Bancorp Fund Services, LLC  
RBC Funds  
(your account number)  
(your account registration)  
Call 800-422-2766 prior to wiring or for questions.

***Before investing, you should consider carefully a fund's investment objectives, risks, charges, and expenses. This and other information is in the prospectus, which you can request by visiting <https://us.rbcgam.com/mutual-funds/literature/content/default.fs> or calling 800.422.2766. Please read the prospectus carefully before investing.***

RBC Global Asset Management (U.S.) Inc. is the Adviser for the RBC Funds. The Funds are distributed by Quasar Distributors, LLC. Securities are offered through RBC Wealth Management, a division of RBC Capital Markets, LLC, member NYSE/FINRA/SIPC.

NOT FDIC INSURED. NO BANK GUARANTEE. MAY LOSE VALUE.

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