

# Nonfiduciary Account

## Options Form

**Fund Advisor:**

RBC Global Asset Management (U.S.) Inc.  
100 South Fifth Street, Suite 2300  
Minneapolis, Minnesota 55402-1240



RBC Global  
Asset Management™



## TIME FOR A CHANGE?

*No problem.* Making changes to your RBC Funds account only takes a moment of your time.

**1**

### **Systematic Redemptions**

Want to authorize systematic redemptions? Simply complete this section with the required account information.

**2**

### **Payment Elections**

Need dividends/capital gains distributions changed? Just complete this section with the required account information.

**3**

### **Investment Options**

Want to invest via telephone or automatically on a monthly basis? Just complete this section.

**4**

### **Redeem And Reinvestment Options**

Ready to redeem Fund shares and reinvest the proceeds in an IRA? Here is how. Choose your options and complete this section.

**5**

### **Redeem Shares**

Redeeming shares by telephone or online is easy. Simply complete this section.

**6**

### **Bank Information**

Changing banks? Just complete this section to change bank information on your existing account.

**7**

### **Telephone Exchange**

Want RBC Funds to accept telephone requests for share Fund exchanges? Just complete this section with your account information.

**8**

### **Automatic Exchange**

Want RBC Funds to automatically exchange Fund shares? Will do. Just complete this section with your account information.

**9**

### **Need Help?**

If you have any questions, please call us at 800.644-5413.

Please use blue or black ink, and do not forget to sign each section you desire to change.

Return the completed form to RBC Funds, P.O. Box 701, Milwaukee, WI 53201-0701

## **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.



## DIVIDENDS/CAPITAL GAINS METHOD OF PAYMENT ELECTION FORM

\_\_\_\_\_  
Name of Account Owner

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Existing Account Number, If Applicable

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### Select One Option Below

- Send distributions directly to my bank via ACH transfer.  
(In lieu of providing all of your bank information in writing, you may attach a voided check.)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

- Send distributions directly to the address of record.  
\*Dividends of less than \$10 will be automatically reinvested in additional shares.

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### Select One Option Below

- Pay dividends in cash and reinvest capital gains.  
 Pay dividends and capital gains in cash.  
 Reinvest both dividends and capital gains.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature (if applicable)

\_\_\_\_\_  
Date



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## AUTOMATIC AND TELEPHONE PURCHASE AUTHORIZATION FORM

Please fill in the account information below or attach a tear-off stub from your account statement.

**Please Print or Type**

\_\_\_\_\_  
Name of Account Owner

\_\_\_\_\_  
Social Security Number/Tax ID Number

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Existing Account Number, If Applicable

### Automatic Monthly Investments

- Check here to invest a specific amount from your checking account on the same date each month in any of your RBC Funds accounts, and enter the information asked for below. Please choose a date at least two weeks after the RBC Funds can be expected to receive this form to allow for bank processing. Beginning on \_\_\_\_\_ and on the same date each month, I authorize the RBC Funds to draw on my bank account for an investment in the following account(s):

**RBC Fund/Account Number**

**Monthly Investment  
(Minimum \$50 per fund)**

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Continued on back side**

## Telephone Investments

- Check here to authorize orders for \$100 or more to buy shares for any of your RBC Funds accounts. We will draw the money from your bank account. Once this authorization has been received, you may buy shares by calling us. Just call us with the account number of the Fund and the amount you wish to invest before 3:00 p.m. (Central time) to receive that day's price.

Please allow two weeks after this form is received by the RBC Funds before placing your first telephone investment to allow for bank processing.

This authorization applies to all existing or future identically registered accounts listed under the social security number or taxpayer identification number shown below.

Please attach a voided check from your bank below.

JONATHAN Q. SAMPLE 11-87 80-428/1010 7743  
1234 MAIN ST. 555-6712  
ANYTOWN, US 56789

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
20 \_\_\_\_\_

**PLEASE TAPE YOUR VOIDED BANK CHECK  
OR SAVINGS DEPOSIT SLIP HERE.**

BANK OF AMERICA  
'THE OLD RELIABLE'  
ANYTOWN, US 56789

ABA No. FOR 101004280 Bank Account No. 1234567 7743

DOLLARS Security Features Included. Details on Back

I hereby authorize the RBC Funds to follow my instructions for the items I have checked. This authorization shall remain in effect until revoked by me and until the RBC Funds actually receives such notice.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature X \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)



### AUTHORITY TO REDEEM FUND SHARES AND REINVEST THE PROCEEDS IN AN IRA

\_\_\_\_\_  
Name of Account Owner

\_\_\_\_\_  
Social Security Number/Tax ID Number

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Existing Account Number, If Applicable

Please redeem shares in the amount of \$ \_\_\_\_\_

**Please Invest the Proceeds In:**

- A new Roth or Traditional IRA. (IRA application must be attached.)
- Existing IRA Fund/Account#: \_\_\_\_\_

**This contribution is to be credited to the 20\_\_\_\_\_ tax year and is considered to be a**

- Traditional IRA Deductible contribution
- Traditional IRA Non-deductible contribution
- Roth IRA contribution

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature

\_\_\_\_\_  
Date

**Please Note:** *The redemption of shares from your regular account is a taxable event and may result in a realized capital gain or loss for tax purposes.*



### REDEMPTION AUTHORIZATION FORM

The undersigned shareholder(s) request the privilege to redeem shares by telephone/online in accordance with the provisions as set out in the Fund’s prospectus. Redemption proceeds may be sent to the address of record, or transferred via ACH or wire to preauthorized bank account. The undersigned understands that this is solely an accommodation for the benefit of the shareholder, and that this procedure could increase the risk of an unauthorized redemption from the shareholder account.

As a condition for providing this accommodation to the shareholder, the Fund and its manager will endeavor to ascertain that all redemptions pursuant to this procedure are genuine, but neither the Fund nor its manager will guarantee losses to the shareholder arising out of such procedure.

In order to protect all shareholders, the Fund reserves the right to refuse a telephone/online or a wire redemption request, and at its option, may pay such redemption by wire or check and may limit the amount of frequency of such redemptions. Redemption proceeds will be transmitted only to a bank account designated on this form by the shareholder(s), or to the address of record only.

The undersigned agrees to indemnify the Fund, its manager and transfer agent and hold them harmless from any loss arising out of and due to such telephone/online redemption procedure.

The undersigned further agrees to maintain on file with the Fund such additional documents in a current status as the Fund may require or as may be required by law to assure a genuine redemption.

**(Check one or all of the following options)**

- Please send redemption proceeds to the address of record.\*
- Please wire redemption proceeds to the following:\* (Minimum \$1,000 & \$10.00 wire fee)
- Please send redemption proceeds to the following bank account by ACH. I /we understand delivery of Fund(s) may take between 3-5 business days. There is no charge for this service.\*

**Attach a voided check below.**

- Checking
- Savings

Banking information will be taken from your purchase check unless a blank check or deposit slip is attached.

**(Checks must be preprinted; starter or counter checks will not be accepted.)**

The image shows a voided check from Jonathan Q. Sample. The check is preprinted with the following information:

- Payee:** JONATHAN Q. SAMPLE, 1234 MAIN ST., ANYTOWN, US 56789
- Account No.:** 11-87
- Routing No.:** 80-428/1010
- Amount:** 7743 (with a line for 20 and a dollar sign)
- Bank:** BANK OF AN... 'THE OLD RELIABLE', ANYTOWN, US 56789
- ABA No.:** 101004280
- Bank Account No.:** 1234567
- Check No.:** 7743

A large watermark across the check reads: "PLEASE TAPE YOUR VOIDED BANK CHECK OR SAVINGS DEPOSIT SLIP HERE." There are also small text boxes for "Security Features Included. Details on Back" and "DOLLARS".

Daytime Telephone #: (     ) \_\_\_\_\_

RBC Accounts #(s): \_\_\_\_\_

\_\_\_\_\_  
This privilege will apply to all identically registered accounts.

Signature of Registered Owner(s):\*

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Joint Signature Date

\*Signature(s) Guaranteed by:

**\*MUST be guaranteed by an “eligible guarantor institution” as defined in the prospectus.**





# REQUEST TO CHANGE BANK INFORMATION ON EXISTING ACCOUNT

## Account Information

Name of Account Owner \_\_\_\_\_

Social Security Number/Tax ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Existing Account Number, If Applicable \_\_\_\_\_

## Bank Information

### Type of Bank Change

- Adding bank information to this account
- Changing the bank information on this account

### Type of Bank Account

- Checking Account
- Savings Account\*

Name(s) on Bank Account: \_\_\_\_\_

ABA Routing Number\*: \_\_\_\_\_ Account Number\*: \_\_\_\_\_  
*(first nine digits at bottom left on your check) (at bottom right on your check)*

*\*If you have difficulty determining your ABA routing number, account number, or are using a savings account, please contact your bank.*

## Please Read and Sign Below

### All account owners must sign.

I authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

By signing and including bank information, I authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. I agree that RBC Funds shall be fully protected in honoring any such transaction. I also agree that RBC Funds may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected will become part of the account application and the terms, representations, and conditions thereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature *(if applicable)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Signature(s) Guaranteed

\_\_\_\_\_  
Date

**\*MUST be guaranteed by an “eligible guarantor institution” as defined in the prospectus.**



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## TELEPHONE EXCHANGE AUTHORIZATION FORM

*Please Print or Type*

\_\_\_\_\_  
Name of Account Owner

\_\_\_\_\_  
Social Security Number/Tax ID Number

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Existing Account Number, If Applicable

By completing and signing this document, I authorize the Fund and its agents to accept telephone requests for exchange of shares from one Fund to another within the RBC Fund family.

Shareholders must meet the minimum investment requirement of the Fund they are exchanging into. The names and registrations on the two accounts must be identical. Shares must be held in an open account for 15 days or more and the Fund must have received good payment before any exchange of shares. Please refer to the prospectus for details.

The undersigned agrees to indemnify the Fund, its manager and transfer agent, and hold them harmless from any loss arising out of or due to such an exchange procedure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature (if applicable)

\_\_\_\_\_  
Date



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## AUTOMATIC EXCHANGE AUTHORIZATION FORM

**Please provide account information below or attach a tear-off coupon from your confirmation statement.**

***Please Print or Type***

\_\_\_\_\_  
Name of Account Owner

\_\_\_\_\_  
Social Security Number/Tax ID Number Date of Birth

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

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

\_\_\_\_\_  
Existing Account Number, If Applicable

RBC Funds will exchange shares from your account in any of the Funds to an **identically registered account** in any other Fund in the RBC Funds family according to your instructions in this section. Please choose a date at least one week after RBC Funds can be expected to receive this form to allow for processing and setup.

Beginning on \_\_\_\_\_ and on the same day each month I (we) authorize the RBC Funds to exchange shares as follows:

<b>FROM</b>		<b>TO</b>
RBC Fund/Account Number	Amount of Monthly Exchange (Minimum \$100 per fund)	RBC Fund/Account Number (If existing)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**The value of shares in the account from which you are exchanging funds must be \$2,500 or more.**

I request and authorize the RBC Funds to follow my instructions for automatic exchange of Fund shares. This authorization shall remain in effect until revoked by me and until the RBC Funds actually receives such notice.

The undersigned agrees to indemnify the Fund, its manager and transfer agent, and hold them harmless from any loss arising out of or due to such an exchange procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SYSTEMATIC REDEMPTION AUTHORIZATION FORM

Please Print or Type

Name of Account Owner

Social Security Number Date of Birth

Street Address

City State Zip

Existing Account Number, If Applicable

Table with 3 columns: RBC Fund/Account Number, Redemption Amount (Indicate shares or dollars), Redemption Date(s)

You must own shares in an open account valued at \$10,000 when you first authorize the systematic redemption plan.

Select One Option Below

- Send redemption proceeds directly to my bank via ACH transfer. (In lieu of providing all of your bank information in writing, you may attach a voided check.)

Bank Name:
Bank Address:
Bank Routing #:
Bank Account #:

Or

- Send redemption proceeds directly to the address of record.

I/We understand that amounts received through liquidation of shares in my account are not yield for income on my investment and that in a declining market a greater number of shares will be sold in order to achieve a fixed dollar amount, thus accelerating the depletion of my share account.

If the redemption date falls on a weekend or holiday it will default to the preceding business day.

These instructions shall become effective upon acceptance by RBC Funds and shall remain in effect until cancelled in writing by RBC Funds, or by me, or until the shares in my account are exhausted.

Signature Date Joint Signature (if applicable) Date

