



LINE OF CREDIT APPLICATION

1 JOINT INTENT

Any person, whether married, or single, may apply for separate credit. If this is an application for joint credit, please initial here.
The undersigned intend to apply for joint credit:

Applicant

Applicant

Applicant

Applicant

Applicant

2 REQUESTED AMOUNT AND INTENDED USE OF PROCEEDS

Requested line of credit amount \$ Pricing: Variable Rate Advances: 1 Month Libor + (the "**Margin**")
Fixed Rate Advances: Fixed Rate Index¹+ (the "**Margin**")

Are all or any funds going to pay off existing loans? ☐ Yes ☐ No If yes: Approximate payoff amount \$

Name of Lender: Loan Number:

Primary purpose for the Credit Access Line (select one):

☐ Real estate ☐ Personal property (such as automobile, boat, jewelry) ☐ Support of business ☐ General liquidity purposes

3 APPLICANT INFORMATION

Applicants may be natural persons (in their individual capacity or as trustee), revocable trusts, or legal entities (individually or collectively referred to herein as "Applicant," "I," "me," "you," or words of similar import). Certain sections of this Application are only required for certain types of Applicants, as indicated below.

ApplicantIndividual Applicants:

Name

Name

Trust Applicants:

Name of Trust

Name of Grantor

Name of Trustee

Name of Grantor

Name of Trustee

Name of Grantor

Name of Trustee

ApplicantIndividual Applicants:

Name

Name

Trust Applicants:

Name of Trust

Name of Grantor

Name of Trustee

Name of Grantor

Name of Trustee

Name of Grantor

Name of Trustee

Legal Entity Applicants: Complete Annex I (Beneficial Ownership Certification)

Tax Identification Number

State of Organization

Entity Type

Legal Entity Applicants: Complete Annex I (Beneficial Ownership Certification)

Tax Identification Number

State of Organization

Entity Type

¹ "Fixed Rate Index" is defined in section 6(b) of the Line of Credit and Security Agreement.

**3 APPLICANT INFORMATION - CONTINUED****Applicant**Applicant Name (First, MI, Last)¹

Principal Residence Address (Street) (PO Box Not Accepted)

Principal Residence Address (City, State, ZIP)

Mailing Address (Street) (If different than above)

Mailing Address (City, State, ZIP)

Provide: Home Phone

Work Phone

Cell Phone²

Email Address

Social Security Number

Date Of Birth (mm/dd/yyyy)

United States Citizen³:☐ Yes☐ NoForm of Identification:
(Select One)☐ Drivers License☐ Passport☐ Government-Issued Photo ID

ID#

State / Country

Expiration Date (mm/dd/yyyy)

Annual Income:**Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**☐ Less Than \$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$250,000☐ \$250,001-\$500,000 ☐ \$500,001-\$1,000,000 ☐ \$1,000,000+

How long have you been a client of RBC?

☐ <1 Year ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years ☐ 5 years+

Please provide an estimate of your net worth:

☐ Less than \$100,000 ☐ \$100,001-\$250,000 ☐ \$250,001-\$500,000☐ \$500,001-\$1,000,000 ☐ \$1,000,001-\$5,000,000 ☐ \$5,000,000+**Applicant**Applicant Name (First, MI, Last)¹

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APPLICANT INFORMATION - CONTINUED**Source of Wealth (Please check all that apply and provide details)**

Explain how you have accumulated your assets, for example: Income, savings and/or inheritance. **Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

EMPLOYMENT INFORMATION

Employed: ☐
Business owner: ☐
Retired: ☐
Other: ☐

Employed ☐

Employer Name

Address, City, State, Zip Code

Business Website, if applicable

Position

Employment Dates (From / To)

Previous Employer(s) if less than 10 years at above Employer

Business Owner ☐

Company Name(s)

Address, City, State, Zip Code

State/ Province and Country of Legal Formation

Year of Formation

Industry or Business Purpose

% Ownership

Role/Position

Other Owner(s), if applicable (Name and % Ownership)

Business Website, if applicable

Retired ☐

Prior Company Name

Prior Company Address

Employment Dates (From / To)

Roles/Position Prior to Retirement

Previous Employer(s) if less than 10 years at above Employer

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Describe investment types

Settlement ☐

Please include the type of settlement and year received.

Type (Divorce, Settlement, Insurance Settlement, etc)

Estimated value

Date of Receipt (MM/YYYY)

Full name of Settlor

Relationship (Spouse, Mother/Father, Sibling, etc)

How did the Settlor create their wealth

Gift / Inheritance ☐

Type (Gift, Inheritance, Other)

Estimated value

Date of Receipt (MM/YYYY)

Full name of Benefactor

Relationship (Spouse, Mother/Father, Sibling, etc)

How did the Benefactor create their wealth

Sale of assets ☐

Please include information on settlement of real estate or business.

Description

Location

Dates

Other (ie: Personal Savings) ☐

Describe

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Employment Dates (From / To)

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Company Name(s)

Address, City, State, Zip Code

State/ Province and Country of Legal Formation

Year of Formation

Industry or Business Purpose

% Ownership

Role/Position

Other Owner(s), if applicable (Name and % Ownership)

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Retired ☐

Prior Company Name

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Retired: ☐
Other: ☐

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Business Website, if applicable

Position

Employment Dates (From / To)

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Address, City, State, Zip Code

State/ Province and Country of Legal Formation

Year of Formation

Industry or Business Purpose

% Ownership

Role/Position

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Gift / Inheritance ☐

Type (Gift, Inheritance, Other)

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Sale of assets ☐

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Description

Location

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4 INSTRUCTIONS TO RECEIVE LINE OF CREDIT DISBURSEMENTS

Designate the checking account into which you want your Line of Credit disbursements to be deposited. Disbursements will be made by Automated Clearing House ("ACH"). Please be sure to use the routing number your financial institution specifies for electronic payment or ACH transactions. You may change your designated deposit account at any time by submitting a request to the NY Branch Credit Administration at ploccreditadmin@rbc.com. Any change to your designated deposit account for disbursements will take effect within five (5) business days.

Bank Name	Routing ABA #
Account Name	Account Number

Note: The account name at your financial institution must match the Applicant's name in this Application.

5 COLLATERAL INFORMATION

The following accounts will be pledged as collateral for your line of credit.

Account Number	Account Title
Account Number	Account Title
Account Number	Account Title
Account Number	Account Title
Account Number	Account Title
Account Number	Account Title
Account Number	Account Title
Account Number	Account Title
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6 SUPPLEMENTAL INFORMATION CHECKLIST

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, 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, RBC WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH (FOR INDIVIDUALS), AND OTHER INFORMATION THAT WILL ALLOW RBC TO IDENTIFY YOU. RBC MAY ALSO ASK TO SEE YOUR DRIVER'S LICENSE (FOR INDIVIDUALS) OR OTHER IDENTIFYING DOCUMENTS.

For all Applicants:

☐ If paying off an existing securities based loan, provide a copy of the loan statement and ACAT Form to your RBC Wealth Management financial advisor

For Applicants that are legal entities:

☐ Completed Beneficial Ownership Certification Form (Annex I)

For Applicants that are revocable trusts:

☐ Completed Certification of Trust



7 ACKNOWLEDGMENT AND REQUEST TO ORDER CREDIT REPORT

By signing below, I hereby apply for a line of credit and consent and agree to all of the terms and conditions contained in this Application. This Application is provided to RBC by the Applicant(s) for review of my creditworthiness for a line of credit from RBC, which will be secured by the collateral account(s) designated herein, and RBC can rely on its contents. I hereby represent and warrant to RBC that this Application is complete and correct as of the date of my signature and that I will promptly inform RBC of any material changes in the information provided. I authorize RBC to verify the information in my Application and I agree that RBC may contact third parties to verify any such information.

I agree that you may obtain credit reports on me from time to time, at your sole discretion and expense, for any reason (including, but not limited to, determining whether there has been an adverse change in my financial position). If I have supplied my social security number (SSN) in connection with this Application to you, you may treat my SSN as an integral part of that information and maintain it in your records about me. You may likewise use my SSN and communicate it and allow it to be communicated to other persons and agencies as an aid to identifying me.

I authorize RBC to share information regarding this Application and any underwriting decision in connection with my Application with my RBC Wealth Management financial advisor.

Do I Have Freeze On My Credit Report?

..... ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
..... ☐ Yes ☐ No ☐ Yes ☐ No

Please sign here:

Name	Signature	Title	Date
.....
Name	Signature	Title	Date
.....
Name	Signature	Title	Date
.....
Name	Signature	Title	Date
.....
Name	Signature	Title	Date
.....

8 STATE DISCLOSURE

Important information about procedures for opening a new account. To help the government fight the funding of terrorism and money laundering activities, 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, RBC will ask for your name, address, date of birth (for individuals) and other information that will allow RBC to identify you. RBC may also ask to see your driver's license (for individuals) or other identifying documents.

California Residents: Married Applicants may apply for a separate account.

Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Wisconsin Residents: For married Wisconsin residents, by submitting your application you are confirming that this loan (if granted) is being incurred in the interest of your marriage and your family. No provision of a marital property agreement, unilateral statement under §776.59 of the Wisconsin Statutes or court order under §776.70 of the Wisconsin Statutes adversely affects the interests of a lender unless the lender, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the lender is incurred. If the loan for which you are applying is granted, you will notify the lender if you have a spouse who needs to receive notification that credit has been extended to you.

9 NOTICE OF FINANCIAL AND LEGAL REPRESENTATION

If this Application is approved, RBC may require each of the Applicants signing below to make certain representations as to their current financial and legal status as well as with respect to other matters.

Each Applicant below further acknowledges and confirms that:

1. It has read and understands this Application.
2. **All obligations relating to the line of credit (if granted) shall become due and payable immediately upon RBC's demand. RBC may demand payment at any time of all or any part of the obligations, and upon demand and without prior notice, RBC may exercise its rights and remedies in connection therewith.**
3. All information contained in or submitted in connection with this Application is true, accurate and complete as of the date such signatory executes this Application and such signatory agrees to immediately notify RBC in writing of any changes to such information.

If this Application is being signed by any party with electronic signatures, then such party hereby agrees that (i) such electronic signatures are effective and such party will not dispute the legally binding nature, validity or enforceability of this Application based on the fact that the terms were accepted with an electronic signature, and (ii) this electronically signed Application may be retained electronically by RBC as the original record thereof, and may be admitted into evidence in any proceeding concerning the Application. RBC agrees to comply with all applicable federal and state electronic records and signatures laws, including but not limited to the Electronic Signatures in Global and National Commerce Act. RBC may, in its sole discretion, decline to accept, or request further verification of, any attempted electronic signature but shall be entitled to rely on such electronic signature without further verification.

Each Applicant signing below hereby directs its RBC Wealth Management financial advisor to deliver all other documents requested by RBC for the line of credit and acknowledge and confirm all of the foregoing.



Please sign here:

Individual Applicants

_____	Date
_____	Date
_____	Date
_____	Date
_____	Date

Trust Applicants

_____	Date	_____	Date
_____	Date		

Legal Entity Applicants

_____	_____	_____	_____
Company Name	Signature	Name	Title
_____	_____	_____	_____
Company Name	Signature	Name	Title
_____	_____	_____	_____
Company Name	Signature	Name	Title

**Annex I****BENEFICIAL OWNERSHIP CERTIFICATION FORM****I. GENERAL INSTRUCTIONS****What is this form?**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name and Address of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:



Name	Date of Birth	Percentage (%) Ownership	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ¹

(If no individual meets this definition, please write "Not Applicable.")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

☐ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or

☐ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ¹

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____

¹In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Legal Entity Identifier _____ (Optional)