



Please print clearly and provide all information requested
to ensure your application is processed quickly and accurately.

CLIENT INFORMATION				
FULL LEGAL NAME		Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
First Name		Middle Name		
Last Name				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth DD/MM/YYYY		
Social Insurance Number (Optional)		Correspondence Language <input type="checkbox"/> English <input type="checkbox"/> French		
Occupation		Employer Name/School Name		
RESIDENCE ADDRESS (cannot be a P.O. Box/General Delivery)		MAILING ADDRESS <input type="checkbox"/> Same as Residence Address		
Street		Street		
Apt./Suite		Apt./Suite		
City		City		
Province/State		Province/State		
Postal Code/Zip Code		Postal Code/Zip Code		
Country		Country		
Home Telephone Number	Country Code ()	Area Code ()	Local Number	Extension
Alternate Telephone Number	Country Code ()	Area Code ()	Local Number	Extension
Email Address				
IDENTIFICATION				
1. IDENTIFICATION DETAILS (all applicable fields must be completed)			2. IDENTIFICATION DETAILS (all applicable fields must be completed)	
Type of Government Photo Identification			Type of Identification	
Number			Number	
Place of Issue (Province and/or Country)			Place of Issue (Province and/or Country)	
Expiry Date DD/MM/YYYY (if applicable)			Expiry Date DD/MM/YYYY (if applicable)	
Place of Birth (if provided on ID)			Place of Birth (if provided on ID)	

ACCOUNT DETAILS

ACCOUNT SELECTION

Savings Accounts

- ☐ RBC Enhanced Savings®
☐ RBC Day to Day Savings®

Banking Accounts

- ☐ RBC VIP Banking®
☐ RBC Signature No Limit Banking®
☐ RBC No Limit Banking®
☐ RBC Day to Day Banking®
☐ U.S. Personal Account®

Student Banking Accounts

- ☐ RBC No Limit Banking for Students®
☐ RBC Student Banking®
☐ RBC Leo's Young Savers Account®

PURPOSE OF ACCOUNT

- ☐ Payroll/Living Expenses
☐ Investment/Savings
☐ School/Tuition
☐ Vacation/Travel Expenses

STATEMENT & NOTIFICATIONS OPTION

- ☐ Paper without Cheque Image
☐ Paper with Cheque Image
☐ Electronic

ACCOUNT OWNERSHIP

- ☐ Sole
(complete Form 40830)
☐ Joint Or (anyone to sign)
(complete Forms 40830 & 40832)
☐ Joint And (all to sign)
(complete Forms 40830 & 40832)
☐ I am an existing RBC Royal Bank® client.
RBC® Client Card Number
4519 _____

CREDIT BUREAU CONSENT

Credit Bureau Inquiry

A credit bureau inquiry should be completed in order to allow us to provide you with maximum daily access limits. Do you consent to a background check on you by the credit bureau? ☐ Yes ☐ No

Note: If you answer **"No"** please understand that while RBC can accommodate your choice not to have your credit information accessed in order to open an account, we will still be confirming and verifying your identity. This verification inquiry is separate from a credit bureau inquiry; however, it will still leave a footprint on your report, meaning it will show that an inquiry was taken. If we have your social insurance number, we may share it with credit reporting agencies as an aid to identify you.

Privacy Consent

Do you consent to the collection, use and disclosure of the personal information on this form by Royal Bank of Canada in order to verify your identity, consider your application for a personal deposit account and as permitted or required by law? ☐ Yes ☐ No

TAX INFORMATION

At least one question must be answered yes. Multiple countries can be identified.

Are you a resident of Canada for tax purposes? ☐ No ☐ Yes, in Province/Territory: _____

Are you a resident of any country/countries outside of Canada for tax purposes?

☐ No ☐ Yes, in country 1: _____ country 2: _____ country 3: _____

THIRD PARTY DETAILS

Will this account be used by or on behalf of a third party? ☐ Yes ☐ No

If **"Yes"**, please complete the following information on the third party. A third party is an individual/entity who gives instructions on how the funds in the account will be used, but they are not an account owner.

PERSONAL THIRD PARTY		BUSINESS THIRD PARTY	
First Name, Last Name		Business Name	
Relationship to Account Owner(s)		Relationship to Account Owner(s)	
Date of Birth DD/MM/YYYY		Type of Business	
Occupation		Corporation <input type="checkbox"/> Yes <input type="checkbox"/> No	Incorporation Number
		Place of Incorporation (Province and Country)	
RESIDENCE ADDRESS (cannot be a P.O. Box/General Delivery) Street		BUSINESS ADDRESS (cannot be a P.O. Box/General Delivery) Street	
Apt./Suite		Apt./Suite	
City	Province/State	City	Province/State
Postal Code/Zip Code	Country	Postal Code/Zip Code	Country

FOR BANK USE ONLY

Employee Name/Number	Transit	Date DD/MM/YYYY
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SRF No.:

Client Name:

By signing this form, I acknowledge receipt of and agree to everything in the following documents:

- **RBC Royal Bank Disclosures and Agreements related to Personal Deposit Accounts ("the Booklet");**
- **RateSetter - Personal Deposit Accounts;**

If I also requested a Client Card at the time of opening a personal deposit account, I acknowledge that:

- I must enter a Personal Identification Number (PIN) for my Client Card, and
- I have received and agreed to everything in the **Client Card Agreement** which appears in the Booklet.

If I am an executor, administrator, estate trustee, liquidator, attorney, committee, guardian of property, or other legal and personal representative of the client, then I agree to everything written in the above documents in my capacity as a legal and personal representative only.

Client Specimen of Signature or Mark

Client Signature

Last Name:

First Name:

Middle Name/Initial:

Date:

YYYY/MM/DD

If unable to sign, leave signature line blank and select applicable box:

Child

Unable to Sign

Employee Acknowledgement (to be completed if "Child" or "Unable to Sign" is selected)

Employee Signature

Employee Name:

Transit No.:

Date:

YYYY/MM/DD





Account Transit:

Account No:

Date of Account Opening or Change in Signing Authority

Select **One** Box. **NOTE: If no box is Selected, you are deemed to have selected a Joint Or Account.**

Any One to sign [Joint Or] – any one of you may remove funds from the Account

All clients to sign [Joint And] – all of you must sign to remove funds from the Account

- 1) This form **MUST** be completed for **ALL JOINT ACCOUNTS**.
- 2) The Account Ownership section must be signed by all account owners at the time of the account opening and at the time of a signing authority change.
- 3) Joint owners **CANNOT** be removed from an Account; the Account must be closed.
Exception: Upon death, the deceased joint owner may be removed and the Account allowed to stay open with the remaining owner(s) (except in Quebec).

Account Ownership

- You or each of you are requesting to open a joint account described above and you consent to this account opening.
- You or each of you agree that by opening this account with joint ownership, all individuals will have access to all of the Account history, all transaction details and Account balances.
- You or each of you acknowledges that upon the death of any joint owner, the right of survivorship will apply, which means the funds in the account shall be paid to the surviving joint owner(s) (except in Quebec).

Primary Owner Signature

Last Name:

First Name:

SRF No.:

Child

Unable to Sign

Owner No.2 Signature

Last Name:

First Name:

SRF No.:

Child

Unable to Sign

Owner No.3 Signature

Last Name:

First Name:

SRF No.:

Child

Unable to Sign

Owner No.4 Signature

Last Name:

First Name:

SRF No.:

Child

Unable to Sign

Account Ownership (Continued)

Owner No.5 Signature

Last Name:
First Name:
SRF No.:

Child Unable to Sign

Owner No.6 Signature

Last Name:
First Name:
SRF No.:

Child Unable to Sign

Owner No.7 Signature

Last Name:
First Name:
SRF No.:

Child Unable to Sign

Owner No.8 Signature

Last Name:
First Name:
SRF No.:

Child Unable to Sign

Owner No.9 Signature

Last Name:
First Name:
SRF No.:

Child Unable to Sign

Owner No.10 Signature

Last Name:
First Name:
SRF No.:

Child Unable to Sign

Employee Acknowledgement (to be completed if “Child” or “Unable to Sign” is selected)

Employee Signature

Employee Name:
Transit No:
Date: YYYY/MM/DD

RBC Agent Agreement (the "Agreement")

NOTE: This agreement and accompanying forms must be completed by a lawyer, attorney, barrister, solicitor or notary public in good standing, or an RBC employee. This agreement and accompanying forms cannot be completed by an embassy or consulate official acting in an embassy or consular capacity.

RBC has legal and regulatory obligations to identify its clients, including under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) (the "Act") and its associated Regulations. In connection with these obligations, RBC appoints the undersigned (the "Identification Agent") as RBC's agent for the sole and limited purpose, as set out in the Act and its associated Regulations, to identify the client or the authorized signatory if the client is a business.

The Identification Agent hereby accepts the appointment, and agrees to identify the client or authorized signatory if the client is a business, on behalf of RBC in accordance with this Agreement.

The Identification Agent agrees to:

1. meet personally with the client or authorized signatory;
2. examine only original, unaltered, unexpired identification documents requested by RBC;
3. fully complete the Client Identification Form (attached as Schedule A to the Agreement);
4. sign and return a complete and originally-signed copy of this Agreement, together with a completed Client Identification Form for each client or signatory (attached as Schedule A to the Agreement), to the address provided by RBC.

The Identification Agent acknowledges that it has no discretionary power regarding the steps needed to identify the client on behalf of RBC. The Identification Agent acknowledges it has received good and valuable consideration for the tasks required under this Agreement. The Identification Agent is prohibited from delegating its responsibilities under this Agreement.

The Identification Agent confirms he/she is a lawyer, attorney, barrister, solicitor or notary public in good standing, or an RBC employee.

I have read and understood the terms of this Agreement. I agree to act as Identification Agent for RBC in connection with _____,
[Name of client or authorized signatory]

and certify that I personally met with _____,
[Name of client or authorized signatory]

and I viewed at least two pieces of original, unaltered, and unexpired identification, as described in the attached Schedule A - Client Identification Form. At least one piece of identification is government issued and bears the name and photograph of the client.

Dated this ____ day of _____, 20____ at _____

Identification Agent Name: _____

Title: _____

Organization: _____

Address: _____

Signature: _____

Permitted Occupations: (please check one)

- ☐ Lawyer/Attorney/Barrister/Solicitor in good standing
- ☐ Notary Public in good standing
- ☐ RBC Employee

Schedule A - Client Identification Form (Complete a separate form for each client or authorized signatory)

CLIENT INFORMATION	
FULL LEGAL NAME First Name	Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Middle Name
Last Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth YYYY/MM/DD
Correspondence Language <input type="checkbox"/> English <input type="checkbox"/> French	
RESIDENTIAL ADDRESS (cannot be a P.O. Box) Street Apt./Suite	
City Province/State	
Postal Code/Zip Code Country	
Home Telephone Number () ()	Country Code Area Code Local Number Extension
BUSINESS ACCOUNT	
If the client identification is being presented in connection with a business account, please provide:	
Business Name	
Title of Signing Officer:	
IDENTIFICATION	
Minimum two (2) pieces of identification. At least one (1) piece must be government issued with name and photograph.	
1. IDENTIFICATION DETAILS <i>(all applicable fields must be completed)</i>	2. IDENTIFICATION DETAILS <i>(all applicable fields must be completed)</i>
ID Type	ID Type
Reference Number	Reference Number
Place of Issue (Province and/or Country)	Place of Issue (Province and/or Country)
Expiry Date YYYY/MM/DD (if applicable)	Expiry Date YYYY/MM/DD (if applicable)
US Place of Birth indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Place of Birth indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No
IDENTIFICATION AGENT INFORMATION	
Do you certify that you have personally met with the client or authorized signatory named in this Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you certify that you have viewed at least two pieces of original, unaltered, and unexpired identification, recorded in the Identification Section of this Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Profession or position <input type="checkbox"/> Lawyer/Attorney/Barrister/Solicitor <input type="checkbox"/> Notary Public <input type="checkbox"/> RBC Employee	
Identification Agent Name Title	
Signature Date YYYY/MM/DD	