



Group RSP Simplified Application (Personal or Spousal Plan)

This Application is for a: Personal RSP – I will be the "Owner" of the Plan.
 Spousal RSP – My spouse will be the "Owner" of the Plan.

Branch Transit Number _____

1. PLAN SPONSOR (EMPLOYER) INFORMATION

Sponsor Name _____

Group Plan Number _____

Sponsor Address (Street Number & Name, City/Town, Province) _____

2. EMPLOYEE (CONTRIBUTOR) INFORMATION

Mr. Mrs. Miss Ms Dr.

Employee's First Name _____

Last Name _____

Employee Number _____

Employee's Social Insurance Number

□ □ □ □ □ □ □ □ □ □

Employee's Occupation _____

3. PAYROLL DEDUCTION AUTHORIZATION - This section MUST be completed by the employee

• If you are completing two Applications (one for a Personal Plan, and one for a Spousal Plan) do NOT re-complete this section on your Spousal Plan Application.

I authorize my employer to deduct each pay period: _____% of my pay; or \$ _____; or _____¢/hour. (Minimum contribution: \$25 per pay.)

This deduction is to be allocated: 100% to a Spousal Plan. The account will be my spouse's name.

or 100% to a Personal Plan. The account will be in my name.

or ___% to a Personal Plan, and ___% to a Spousal Plan. Please indicate in multiples of 10%.

As noted above, two Application forms are required.

4. SPOUSAL INFORMATION - To be completed for Spousal Plans only

Mr. Mrs. Miss Ms Dr.

Spouse's First Name _____

Last Name _____

Spouse's Social Insurance Number

Spouse's Occupation _____

□ □ □ □ □ □ □ □ □ □

5. PLAN OWNER (ANNUITANT) INFORMATION - For a Spousal Plan, this section must be completed by the employee's spouse

Home Address (Street Number & Name, City/Town, Province, Postal Code) _____

Home Telephone Number _____

Plan Owner's Date of Birth

Language Preference

Gender

Business Telephone Number

□ □ □ □ □ □ □ □ □ □
Year Month Day

English French

Male Female

() - () - () Ext _____

Will the account be used by or on behalf of a third party? No Yes - If "Yes", you will need to complete a Third Party Determination Form.

I am a new RBC Royal Bank client.

I am an existing client of RBC Royal Bank. My client card number is: 4 5 1 9 □ □ □ □ □ □ □ □ □ □ □ □

Please use my existing RBC Royal Bank RSP, account number _____, as my Group RSP. (Only an "existing Personal RSP" can be converted to a "Personal Group RSP". Only an "existing Spousal RSP" can be converted to a "Spousal Group RSP".)

6. BENEFICIARY INFORMATION - For a Spousal Plan, this section will be completed by the employee's spouse (if applicable)

Beneficiary's First Name _____

Last Name _____

Relationship _____

Beneficiary's Social Insurance Number

□ □ □ □ □ □ □ □ □ □

I designate the person named above to receive all amounts payable under the Plan if I die and hereby revoke all prior designations. I am solely responsible for ensuring that this designation is valid under the laws of Canada, its provinces and territories. Furthermore, I acknowledge that any future marriage or divorce may or may not affect this designation, and I assume responsibility for determining if a new designation is required.

7. INVESTMENT INSTRUCTIONS

I understand contributions will be invested in Savings Deposit and switched to a Non-Redeemable GIC for a ___ term (1-60 months) when the Savings balance reaches \$ _____ (minimum of \$1,000), until such time as I, or my spouse (i.e. the owner of the Plan) change those instructions. The auto switch will occur at the end of March, June, September and December. (If I do not indicate a GIC term, the term will default to 1 year.) To change investment instructions, please call 1-800-ROYAL-1-1 (1-800-769-2511), or visit any RBC Royal Bank branch.

I elect contributions to be invested in Savings Deposit until such time as I, or my spouse (i.e. owner of the Plan) change those instructions.

To: Royal Bank of Canada (as agent) Head Office (Toronto, Ontario)

Please establish a Plan in my name and appoint The Royal Trust Company as Trustee upon the terms of the Declaration of Trust.

I hereby request The Royal Trust Company to apply to register the Plan as a retirement savings plan under the Tax Laws.

I acknowledge receipt of the Declaration of Trust for the Plan, and the Schedule of Fees and agree to all that is written there and in this Application.

I appoint the Plan Sponsor to act as my agent for the purpose of administration of the Plan including, without limiting the generality of the foregoing, delivering my Application to you, submitting my contributions to you, delivering my directions to you with respect to GICs and Savings Deposits, and my directions with respect to mutual funds to Royal Mutual Funds Inc., and receiving reports on my Plan and investments from time to time.

If I am investing in Qualified Investments consisting of mutual funds, I acknowledge that the current Simplified Prospectus relating to the investments selected will be mailed to me within two business days of receipt of these instructions by Royal Mutual Funds Inc. I acknowledge receipt of the Royal Mutual Funds Inc. Account Agreement and agree to all that is written there.

I declare that the information above is complete and true and I have read the IMPORTANT CONSUMER INFORMATION provided on the reverse of this form.

Employee Signature (Mandatory) _____

Date _____

Spouse's Signature (for Spousal Plans only) _____

Date _____

X _____

X _____

FOR USE BY GROUP FINANCIAL SERVICES

Accepted by (Initials) _____

Date _____

Group Number _____

Account Number _____

Filing Reference
KYC

Attn: Payroll Dept./clerk:

Please fax a completed copy of this form, at least two weeks before the employee's first payroll contribution, to the GFS Service Centre, 1-800-263-7777.

HOW TO COMPLETE THIS FORM

The following information will assist you in completing the attached Group RSP Simplified Application. If you have any additional questions, please contact Customer Service at 1-800-ROYAL-1-1 (1-800-769-2511).

Section 1: Plan Sponsor (Employer) Information

Please provide the name and address of the company sponsoring this Group RSP.

Section 2: Employee (Contributor) Information

Information provided in this section identifies the employee (contributor). Canada Revenue Agency requires that you provide your SIN for tax reporting purposes.

Section 3: Payroll Deduction Authorization

By completing this section, the employee authorizes their employer to deduct a specified percentage or amount from each pay, for deposit to the Group RSP. The employee has the ability to allocate contributions to a Personal Plan, a Spousal Plan, or both. A Personal Plan is one where the employee is both the contributor and the Owner of the account. A Spousal Plan is one where the employee is the contributor, and the spouse is the Plan Owner. If you wish to contribute to **both** a Personal Plan and a Spousal Plan, you will need to complete TWO separate Application forms.

Section 4: Spousal Information

This section is to be completed only when applying for a Spousal Plan. Information provided in this section identifies the spouse as the Plan Owner. The spouse's SIN is required to open an RSP in their name.

Section 5: Plan Owner (Annuitant) Information

This section is to be completed by the Owner of the Plan (for a Personal Plan, the employee should complete this section. In the case of a Spousal Plan, the spouse should complete this section).

Section 6: Beneficiary Designation

This section is optional. If this section is left blank, Plan proceeds will be paid to the estate in the event of the Plan Owner's death. For Spousal Plans, the spouse must complete this section.

Section 7: Investment Instructions

Using the Simplified Application form, contributions can only be directed to a Savings Deposit. If you wish to change your investment instructions, please call 1-800-ROYAL-1-1 (1-800-769-2511). Alternatively, you can visit any RBC Financial Group branch.

Signature box:

This section includes important information you should read before signing. Employee signature is mandatory (required to open a Personal Plan and/or a Spousal Plan). Spouse's signature is required for Spousal Plans only.

Please provide your completed Application form(s) to your Payroll Dept./clerk at least two (2) weeks prior to the date of your first Group RSP payroll deduction.

APPENDIX TO THE RETIREMENT SAVINGS PLAN APPLICATION

Schedule of Fees (RSP):

1. You will charge a \$50.00 service fee for each transfer of Plan Proceeds or Property from the Plan to another financial institution that is not a RBC Financial Group member at the time of such transfer.
2. You will charge a \$5.00 service fee for each duplicate Plan account statement request.
3. You will charge a transaction fee of \$40.00 for each sell order for a no-load mutual fund other than RBC Funds Inc. forming part of the Property of the Plan.

This schedule of fees is subject to change.