



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

First Name _____ Last Name _____ Employee Number _____
Social Insurance Number _____ Occupation _____
Primary e-mail address: _____

3. SPOUSAL INFORMATION – To be completed for Spousal Plans only

Spouse's First Name _____ Last Name _____ Spouse's Social Insurance Number _____ Spouse's Occupation _____

4. PLAN OWNER (ANNUITANT) INFORMATION – To be completed by the plan owner, if this is a Spousal Plan this is the employee's spouse.

Home Address (Street Number & Name, City/Town, Province, Postal Code) _____ Home Telephone Number (____) _____ - _____
Business Telephone Number (____) _____ - _____ Ext _____
Plan Owner's Date of Birth _____ Language Preference _____ Gender _____
Year Month Day English French Male Female

- I am a new RBC client.
- I am an existing client of RBC. My client card number is: 4 5 1 9 _____
- Please use my existing RBC 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".)

5. 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 in 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.

I may make changes or cancel my payroll deductions at any time by providing 30 days advance notice to my plan sponsor either in person or in writing. For more information on my right to change or cancel my payroll deduction, I may contact my plan sponsor.

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 1-888-769-2566, or visit any RBC branch.

OR 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 registered 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, being my employer, association, or trade union, 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 Guaranteed Investment Certificates and Savings Deposits, and my directions with respect to mutual funds or other investments to Royal Bank of Canada, Royal Mutual Funds Inc., RBC Direct Investing Inc., and or RBC Dominion Securities Inc. I further acknowledge that the Plan Sponsor may receive reports containing both my personal information and my investment details and holdings for all assets held in my Group Savings Plan account held at Royal Bank of Canada, Royal Mutual Funds Inc., RBC Direct Investing Inc., and or RBC Dominion Securities Inc., including assets contributed from personal sources, for the purposes of administering the Group Savings Plan.

Quebec Residents Only: It is my wish that this document, and all other documents relating to my Account be drawn up in the English language. C'est mon désir que ce document, et tout document afférent soient rédigés en langue anglaise.

X _____ X _____
Plan Owner Signature (Mandatory) Date Spouse's Signature (for Spousal Plans only) Date

FOR USE BY GROUP FINANCIAL SERVICES
Accepted by (initials) _____ Date _____ Group Number _____ Account Number _____



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 Spousal RSP – My spouse will be the "Owner" of the Plan.

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1. PLAN SPONSOR (EMPLOYER) INFORMATION

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

2. EMPLOYEE (CONTRIBUTOR) INFORMATION

First Name _____ Last Name _____ Employee Number _____
 Mr. Mrs. Miss Ms Dr.
Social Insurance Number _____ Occupation _____
Primary e-mail address: _____

3. SPOUSAL INFORMATION – To be completed for Spousal Plans only

Spouse's First Name _____ Last Name _____ Spouse's Social Insurance Number _____ Spouse's Occupation _____
 Mr. Mrs. Miss Ms Dr.

4. PLAN OWNER (ANNUITANT) INFORMATION – To be completed by the plan owner, if this is a Spousal Plan this is 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 _____
 English French Male Female (_____) - _____ Ext _____
Year Month Day

- I am a new RBC client.
- I am an existing client of RBC. My client card number is: 4 5 1 9 _____
- Please use my existing RBC 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".)

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• 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 in 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.

I may make changes or cancel my payroll deductions at any time by providing 30 days advance notice to my plan sponsor either in person or in writing. For more information on my right to change or cancel my payroll deduction, I may contact my plan sponsor.

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.

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OR 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 registered 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, being my employer, association, or trade union, 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 Guaranteed Investment Certificates and Savings Deposits, and my directions with respect to mutual funds or other investments to Royal Bank of Canada, Royal Mutual Funds Inc., RBC Direct Investing Inc., and or RBC Dominion Securities Inc. I further acknowledge that the Plan Sponsor may receive reports containing both my personal information and my investment details and holdings for all assets held in my Group Savings Plan account held at Royal Bank of Canada, Royal Mutual Funds Inc., RBC Direct Investing Inc., and or RBC Dominion Securities Inc., including assets contributed from personal sources, for the purposes of administering the Group Savings Plan.
Quebec Residents Only: It is my wish that this document, and all other documents relating to my Account be drawn up in the English language. C'est mon désir que ce document, et tout document afférent soient rédigés en langue anglaise.

X _____ X _____
Plan Owner Signature (Mandatory) Date Spouse's Signature (for Spousal Plans only) Date

FOR USE BY GROUP FINANCIAL SERVICES			
Accepted by (initials)	Date	Group Number	Account Number
_____	_____	_____	_____



HOW TO COMPLETE THIS FORM

If you have any additional questions, please contact Customer Service at 1-888-769-2566.

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 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.

APPENDIX TO THE RETIREMENT SAVINGS PLAN APPLICATION

Schedule of Fees:

- There is a \$50.00 service fee for the transfer of property from the Plan to another financial institution that is not a RBC company, and
- There is a \$5.00 service fee for each duplicate statement request.

Note: This Schedule of Fees is subject to change.

CLIENT AGREEMENT GUARANTEED INVESTMENT CERTIFICATE (GIC) FOR GIC(S) HELD IN ROYAL BANK OF CANADA RETIREMENT SAVINGS PLAN, RETIREMENT INCOME FUND, EDUCATION SAVINGS PLAN, DISABILITY SAVINGS PLAN OR TAX-FREE SAVINGS ACCOUNT ("REGISTERED PLAN")

What the Words Mean: In this Agreement, please remember that, "you" means the person in whose name a GIC deposit is held whether with the Royal Bank of Canada or with Royal Trust Corporation of Canada, or in Quebec, The Royal Trust Company within a Registered Plan of which you are the annuitant, subscriber, or holder as may be applicable.

General: This Agreement, sets out the terms under which you can place a GIC deposit with us held in your Registered Plan. Placing your GIC deposit with us means that you have received this Agreement and agree to its terms.

Confirmation Notice: We will provide you with a confirmation notice once we have accepted your instructions that an investment into a GIC deposit shall be made within your Registered Plan. It shows the details of the deposit, including its principal amount, its term and, if this is an interest bearing GIC with a fixed interest rate for the term the anticipated interest at maturity or how the interest is calculated. It also shows whether you may cash the deposit within your Registered Plan before the end of the term of the GIC deposit and any penalties that may apply if you do so.

Payments and Renewal: The interest on a GIC deposit within your Registered Plan will be kept with your GIC deposit or placed into the savings deposit within the Registered Plan as the interest becomes payable from time to time. Upon maturity, the principal amount of your GIC deposit, together with any interest earned on it during its term, will be deposited into a savings deposit or renewed or reinvested in accordance with your instructions, such transactions all to occur within your Registered Plan.

Interest: Interest on a GIC deposit will be calculated counting the first but not the last day of the deposit's term.

Payments and Renewal Instructions: You may provide us with instructions for deposit, renewal or reinvestment, such transactions all to occur within your Registered Plan, by writing to us, speaking to one of our representatives at a branch or by contacting us by phone or over the internet.

Automatic Renewal: We will automatically renew a GIC at the end of its term, if you have not told us what to do with it. It will be for a one year term. The interest rate on the renewed deposit will be the same as the interest rate we offer on comparable deposits at the date of renewal. If you purchased your original GIC online or updated renewal instructions online, it may include any online special and/or bonus rate offered at the time of renewal, if applicable. The other details of the renewed deposit will be the same as the original deposit. If the deposit is no longer offered, we will renew it as a one year redeemable GIC. You have the right to cancel a renewed GIC within 10 business days from the issuance (renewal) date and if you do, your principal will be returned, but no interest will apply from the issuance to the cancellation date.

Deposit Insurance: The Royal Bank of Canada and our affiliates, the Royal Trust Corporation of Canada, and The Royal Trust Company are members of Canada Deposit Insurance Corporation (CDIC). A GIC deposit with any of these institutions is may be eligible for CDIC deposit insurance coverage provided it is made in Canadian dollars payable in Canada, for a term not exceeding 5 years and the total deposits you hold do not exceed \$100,000 per institution per insurance category – for more information contact CDIC directly at info@cdic.ca or 1-800-461-2342.

Changing This Agreement: We may make changes to this Agreement at any time. If we do, we will let you know before the changes take effect. We will notify you of any increase in charges or the introduction of new charges applicable to the GIC deposit by notice mailed to you or sent electronically, if you have agreed to this form of delivery, at least 30 days before the effective date of the change.

Complaint or Compliment: If you have a problem or concern, please contact your branch. If it is not resolved, please contact our Client Care Centre by telephone at 1 (800) 769-2540, by email at clientcarecentre@rbc.com or by mail to P.O. Box 1, Royal Bank Plaza, Toronto, Ontario M5J 2J5. For more information, please consult our brochure "How to Make a Complaint", available at any branch or at www.rbc.com/customer-care.