

---

# Wealth management questionnaire



---

The information you provide is used as a general guide to help you assess your current financial situation, provide steps to help you meet your goals, and provide resources to help you continue to plan for your future. At RBC Wealth Management, we are committed to helping you build a goal-based financial plan based on what's most important to you. Because we believe that the greatest returns are realized when you grow more than wealth.



---

Name(s):

Date:

---

Financial Advisors:

---

Any information provided in this questionnaire will be considered confidential. This questionnaire is not to be construed as a representation by us or as an offer to sell or a solicitation of an offer to buy any products or services. Please do not return this completed questionnaire via standard email, as we cannot ensure the security of those transmissions. Your financial advisor can provide you with options to return this questionnaire.

## Getting started

Gather documents pertaining to current and future cash flow and net worth

**Attach the following documents if applicable:**

- Account statements
- Company benefit statements (deferred compensation, pension, 401(k) match)
- Insurance policies (life insurance, annuities)
- Liability statements (mortgage, loan, credit card)
- Income statements (pay statements, Social Security benefits-estimated or actual)
- Business tax returns
- Company-provided employee stock option summary

## About you

Client full name & address of primary residence:		Co-client full name & address of primary residence:	
Date of birth:	Tax ID / SSN:	Date of birth:	Tax ID / SSN:
Home or mobile phone:	Business phone:	Home or mobile phone:	Business phone:
Email:		Email:	
Contact preferences: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Email		Contact preferences: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Email	
Citizenship:	Marital status:	Citizenship:	Marital status:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Employed	Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Employed
Employment Income	\$	Employment Income	\$
Other Income (non-investment only)	\$	Other Income (non-investment only)	\$
Occupation or title:		Occupation or title:	
Employer name & address (if retired, state previous employer):		Employer name & address (if retired, state previous employer):	



## Retirement expectations and concerns

### Expectations

When you think about retirement, what do you most look forward to?

Activity	Client/Co-client	Activity	Client/Co-client
Active lifestyle	<input type="checkbox"/> / <input type="checkbox"/>	Start a business	<input type="checkbox"/> / <input type="checkbox"/>
Quiet lifestyle	<input type="checkbox"/> / <input type="checkbox"/>	Time with friends and family	<input type="checkbox"/> / <input type="checkbox"/>
Opportunity to help others	<input type="checkbox"/> / <input type="checkbox"/>	Less stress - peace of mind	<input type="checkbox"/> / <input type="checkbox"/>
Moving to a new home	<input type="checkbox"/> / <input type="checkbox"/>	Other:	<input type="checkbox"/> / <input type="checkbox"/>
Work by choice	<input type="checkbox"/> / <input type="checkbox"/>	Other:	<input type="checkbox"/> / <input type="checkbox"/>
Time to travel	<input type="checkbox"/> / <input type="checkbox"/>	Other:	<input type="checkbox"/> / <input type="checkbox"/>

### Concerns

When you think about retirement, what worries or concerns you?

Concern	Client/Co-client	Degree (low/medium/high)
<b>Money</b>		
Not having a paycheck anymore	<input type="checkbox"/> / <input type="checkbox"/>	
Running out of money	<input type="checkbox"/> / <input type="checkbox"/>	
Suffering investment losses	<input type="checkbox"/> / <input type="checkbox"/>	
Leaving a legacy & potential estate taxes	<input type="checkbox"/> / <input type="checkbox"/>	
<b>Health</b>		
Cost of health care or long-term care	<input type="checkbox"/> / <input type="checkbox"/>	
Dying early	<input type="checkbox"/> / <input type="checkbox"/>	
Living too long	<input type="checkbox"/> / <input type="checkbox"/>	
Getting Alzheimer's or other illness	<input type="checkbox"/> / <input type="checkbox"/>	
<b>Personal &amp; family</b>		
Being bored	<input type="checkbox"/> / <input type="checkbox"/>	
Too much time together	<input type="checkbox"/> / <input type="checkbox"/>	
Parents needing care	<input type="checkbox"/> / <input type="checkbox"/>	
Kids mismanaging money	<input type="checkbox"/> / <input type="checkbox"/>	
<b>Something else</b>		
Other:	<input type="checkbox"/> / <input type="checkbox"/>	

## Retirement age and living expense

### Retirement age – *If already retired, skip to living expense*

When would you like to retire? Enter your target retirement age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your goals.

	Client	Co-client
Target retirement age	Age:	Age:
How willing are you to retire later (if necessary) to attain your goals?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very

### Living expense in retirement

Everyone must pay the bills. This goal is for your basic day-to-day living expenses (e.g., food, clothes, utilities, healthcare, etc.) during retirement. By making your basic living expense a separate goal, you can see exactly what it takes to pay the bills for the rest of your life. When you're confident that you have your basic expenses covered, you can sleep better at night and feel free to enjoy spending money to fulfill your other retirement lifestyle goals.

Importance	Description	Target annual amount
10	Living expense	\$

Be sure you don't "double count" any expenses during retirement. For example, if you entered a separate goal for a car, don't include the purchase cost of this car in your living expense, but do include all operating expenses (e.g., gas, taxes, maintenance).

### Adjustments to living expense in retirement

Your retirement living expense amount may include some expenses that will end during retirement. When the expenses end, your living expense amount would be reduced. Please indicate any expenses that will end.

Description	Annual amount	Year expense will end	Check if amount inflates
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>



## Social Security benefits – please include Social Security statements

	Client	Co-client
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now
Amount of benefit	\$ <input type="checkbox"/> Primary Insurance Amount (PIA) \$	\$ <input type="checkbox"/> Primary Insurance Amount (PIA) \$
When to start	<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age <input type="checkbox"/> at retirement	<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age <input type="checkbox"/> at retirement

## Retirement income – pension, part-time work, rental property, annuities, royalties, alimony

Identify all the resources you have to fund your goals. Don't worry about determining the exact amounts.

Description	Owner		Monthly amount	Starts	Ends	Inflates?	% survivor (pension only)
	C	Co					
	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	\$				

## Investment assets

Identify all the resources you have to fund your goals. Don't worry about determining the exact amounts, reasonable estimates are fine. If available provide your investment statements.

### Client

Investment type	Current value	Annual additions	Approximate allocation		
			Cash	Bond	Stock
Retirement plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
Employer match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 savings plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
Cash value life insurance	\$	\$	%	%	%
Taxable	\$	\$	%	%	%
Other:	\$	\$	%	%	%
Other:	\$	\$	%	%	%

### Co-client

Investment type	Current value	Annual additions	Approximate allocation		
			Cash	Bond	Stock
Retirement plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
Employer match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 savings plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
Cash value life insurance	\$	\$	%	%	%
Taxable	\$	\$	%	%	%
Other:	\$	\$	%	%	%
Other:	\$	\$	%	%	%

### Joint accounts

Description	Current value	Annual additions	Approximate allocation		
			Cash	Bond	Stock
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%

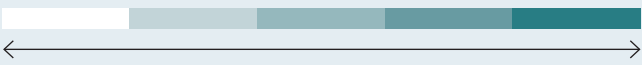
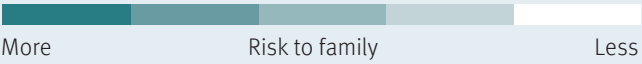




# Protecting wealth

## Risk protection preference

Please rank the following according to how you prefer to manage risk:

Less <span style="margin-left: 100px;">Insurance</span> <span style="float: right;">More</span> 	<input type="checkbox"/> Self-insure risk (do not “believe” in insurance)
More <span style="margin-left: 100px;">Risk to family</span> <span style="float: right;">Less</span> 	<input type="checkbox"/> Mitigate risk (reduce some risk to family) <input type="checkbox"/> Transfer (reduce as much risk as possible to family)

## Other future goals, expenses and major purchases

Additional homes, weddings, luxury purchases, extra travel, increased medical costs, education, etc.

	Client	Co-Client
How long have you lived at your current address?		
What are your long-term career plans?		
Do you expect a change in job status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan on having additional children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you satisfied with your current insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not?		
What do you want insurance to do for you?		
Life		
Disability		
Long-term care / Critical illness		
General health condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Do you use nicotine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Notes

---



---



---

## Protecting wealth – Life insurance

### Life insurance objectives

Please rank your priorities regarding life insurance:

Lowest short-term cost:	Most guarantees:	Most flexibility:
-------------------------	------------------	-------------------

Why did you buy your last insurance policy?

What percentage of current income or annual amount of income do you want to cover in the event of premature death? (75% of current income assumed if not specified)

Client % or \$	Co-client % or \$
----------------	-------------------

Is there an additional amount of coverage you would like to provide beneficiaries? \$

If you have minor children, how much would you like to provide annually for each of your children in the event of premature death? (\$25,000/year assumed if not specified)

\$	Until age	\$	Until age
----	-----------	----	-----------

Please provide copies of your most recent annual policy statements. If unavailable, please provide the following information.

	Policy 1	Policy 2	Policy 3	Policy 4
Insured member				
Owner				
Beneficiary				
Premium payed by				
Insurance company				
Policy name				
Policy number				
Policy type				
Death benefit	\$	\$	\$	\$
Cash surrender value	\$	\$	\$	\$
Anniversary date				
Coverage cease at age				
Loan balance				
Premium frequency				
Premium amount	\$	\$	\$	\$
Premium cease at age				
Group policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Protecting wealth – Disability insurance

### Disability insurance objectives

	Client	Co-client
Percent of total income needed after disability (60% assumed if not specified)		
Number of years needed (Retirement age 65 assumed if not specified)		
How many years have you worked at your current job?		
Has your current income been stable for the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your current job duties:

**Client:**

**Co-client:**

Please provide copies of your most recent annual policy statements. If unavailable, please provide the following information.

	Policy 1	Policy 2	Policy 3	Policy 4
Insured member				
Premium payor group policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance company				
Policy name				
Policy number				
Policy type				
Benefit (% of salary or flat dollar)	\$	\$	\$	\$
Benefit frequency				
Anniversary date				
Benefit indexed by inflation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit period				
Waiting period (after disability)				
Premium amount	\$	\$	\$	\$
Premium frequency				
Premium paid by				
Taxable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Protecting wealth – Long-term care Insurance/Critical illness

### Long-term care insurance objectives

	Client	Co-client
Are you protected against long-term medical costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If so, what was the result?:

**Client:**

**Co-client:**

Will you live somewhere other than your current residence during retirement? If so, where?		
Are your parents protected against long-term medical costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a history of longevity in your family? (parents or relatives who lived to age 80 or older)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rely on any mobility aids (cane, braces, walker, crutches, etc.) to get around?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage assumptions:		
• Beginning age (80 assumed if not specified)		
• Daily cost of nursing home today (\$150 assumed if not specified)	\$	\$
• Estimated length of stay (3 years assumed if not specified)		
• Inflation rate (3% assumed if not specified)		%

Please provide copies of your most recent annual policy statements.

# Employee stock options

Please provide the following to help evaluate employee stock option exercise alternatives

<input type="checkbox"/> Copies of company provided summaries of employee stock options (required)	
<input type="checkbox"/> Name of company (security)	
<input type="checkbox"/> Symbol	
<input type="checkbox"/> Owner	Is owner an insider <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Copies of employee stock option grant documents	
<input type="checkbox"/> Copies of employee stock option plan documents	

If the above information is not available, please complete the following:

Client date	Expiration date	Grant number	Grant type (incentive or non qualified)	Number of options granted	Grant (exercise) price	Vested options	Options exercised	Number of exercised & held as shares

**Shares vested**

Quarterly       Annually       Other (please specify):

This page intentionally left blank

# Risk profile

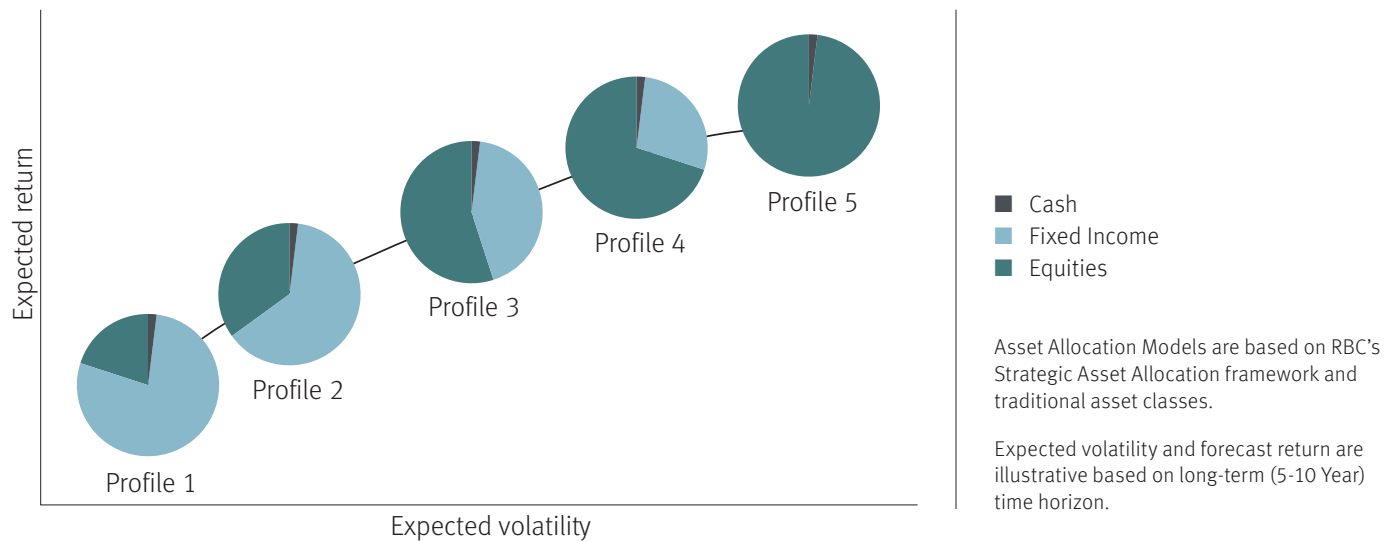
## Risk score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Household	Client	Co-Client

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

	Household			Men			Women		
Age group	1-50	51-64	65-100	1-50	51-64	65-100	1-50	51-64	65-100
Ave Score	54	50	47	59	54	50	52	48	45



Asset class	Very conservative (Profile 1)	Conservative (Profile 2)	Balanced (Profile 3)	Growth (Profile 4)	Aggressive growth (Profile 5)
Cash	2%	2%	2%	2%	2%
Fixed Income	78%	63%	43%	28%	-
Equities	20%	35%	55%	70%	98%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Long-term returns forecast (5 to 10 year horizon, before fees):					
Return (annualized)	3.76%	4.62%	5.81%	6.55%	7.64%
Risk (standard deviation)	4.75%	6.53%	9.33%	11.52%	14.97%
<b>Risk score</b>	<b>0-20</b>	<b>21-40</b>	<b>41-60</b>	<b>61-80</b>	<b>81-100</b>

Please see the disclosures section, on the following page, for important information regarding the data presented here.



**Profile 1** (risk score 0-20): The focus is capital preservation. The portfolio will typically be invested mainly in fixed income and other low volatility instruments with a small allocation to equities to provide some protection against inflation. The investor in this category has a low tolerance for loss over their investment horizon.

**Profile 2** (risk score 21-40): The focus is wealth preservation which includes an element of growth to retain the real (inflation-adjusted) value of the portfolio. The portfolio will typically include fixed income instruments as well as some exposure to growth assets. The investor in this category has some tolerance for loss over their investment horizon.

**Profile 3** (risk score 41-60): The focus is a balance between capital appreciation and wealth preservation. The portfolio may include exposure to all asset classes and carries moderate risk of loss over the investment horizon.

**Profile 4** (risk score 61-80): The focus is long term capital appreciation with a secondary focus on wealth preservation. The majority of the portfolio will typically be invested in a blend of growth assets. The investor in this category has a higher tolerance for risk over their investment horizon.

**Profile 5** (risk score 81-100): The focus is the maximization of long term capital appreciation. The portfolio will be invested mainly in growth assets and may have a higher proportion of higher risk investments and possible concentrations. The investor in this category has a high tolerance for risk over their investment horizon.

The following indices have been used for each asset class: USD Cash - Citi Certificate of Deposit 1 Month (USD); Government Fixed Income - Barclays US Aggregate - Government; US Corporate Investment Grade Fixed Income - Barclay's US Aggregate - Corporate (Investment Grade); US Corporate High Yield Fixed Income - Bank of America Merrill Lynch US High Yield; International Fixed Income - Citi Non-USD WGBI, USD hedged; Emerging Markets Fixed Income - JPM EMBI Global Diversified; US Large Cap Equities - S&P 500 Total Return; US Mid Cap Equities - S&P MidCap 400 Total Return; US Small Cap Equities - S&P Small Cap 600 Total Return; International (EAFE) Equities - MSCI EAFE (Net); Emerging Markets Equities - MSCI Emerging Markets (Net).

Prior to January 2001, which is the first month when all indices became available, the following re-weighting methodology is used: Prior to Jan 2001: Emerging Markets Equity is represented by the MSCI Emerging Markets (Gross) index. Prior to Feb 1994: US Mid Cap Equities and US Small Cap Equities are represented by the Russell Midcap and Russell 2000 indices, respectively. Prior to Jan 1994: the Emerging Markets Fixed Income allocation is reallocated to International Fixed Income. Prior to Jan 1988: Emerging Market Equities are reallocated to US Large Cap Equities and International (EAFE) Equities on a pro-rata basis following the target ratios of the respective model. Prior to Sep 1986: US Corporate - High Yield Fixed Income is reallocated to US Corporate - Investment Grade Fixed Income. Prior to Jan 1985: International Fixed Income is reallocated to US Government Fixed Income and US Corporate Fixed Income on a pro-rata basis following the target ratios of the respective model. Prior to Jan 1979: US Mid Cap Equities and US Small Cap Equities are reallocated to US Large Cap Equities.

The performance of these models do not reflect advisory fees, commissions or taxes. Past performance is no guarantee of future results.

These asset allocation models represent possible allocations based on responses to questions regarding personal circumstances, financial goals and individual risk tolerance. Asset allocation is only one of the pieces having varying degrees of importance in the overall performance of an investment vehicle. Past performance is never a guarantee of future results. Thus, there is no guarantee or assurances that the portfolio you choose will produce the same results as any of the portfolio asset allocation models illustrated.

The estimated expected return rates are forward looking projections based on current market conditions. The following components are considered when determining estimated return rates: forward looking assumptions, historical returns, dividend yield, rate of corporate earnings growth, and changes in the price/ earnings ratio, projected inflation, asset class risk premiums and on more subjective considerations that involve economic forecasting.

This information is not intended to be used as the primary basis of investment decisions. Because of individual client requirements, it should not be construed as advice designed to meet particular investment needs of any investor. The illustrated models are based on different indexes which cannot be invested in. Therefore, estimated expected return rates should not be construed as projecting actual returns of your specific investments.

International investing involves risks not typically associated with U.S. investing, including currency fluctuation, foreign taxation, political instability and different accounting standards.

## Transferring wealth – Estate planning

The information provided in this section will assist your professional advisors in assessing your estate planning needs.

### **Estate planning financial objectives**

---

Should you pass away unexpectedly, are your affairs in order as you would wish to be?

---

---

Have you put a plan in place to ensure your family/dependents are provided for?

---

---

Do you think your assets today are sufficient to cover your estate wishes?

---

---

Do you anticipate the need to assist dependents/family members with special needs?  Yes  No

### **Estate planning financial objectives**

Please provide a copy of your latest will, power of attorney, trust documents, partnerships or other business agreements, most current income tax return and all gift tax returns.

Please rank the priority of the following regarding estate planning.

	Use assets for own retirement		Minimize estate taxes
	Transfer assets to specific beneficiaries		Protect capital from creditors
	Transfer assets to charity		Provide income to spouse but capital to children



## Transferring wealth – Estate planning, continued

### Estate planning documents

Please answer the following questions, and provide us with a copy of the related document if the answer is yes (i.e. a copy of your latest will, power of attorney, trust documents, partnerships or other business agreements, most current income tax return and all gift tax returns.)

	Client	Co-client
Do you have a will?	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
Does it reflect your current wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who do you want to act as the guardian of minor children (if applicable)?	Name Residence	Name Residence
Who have you appointed as executor/liquidator/administrator?		
Do you have a list of how your personal property will pass to beneficiaries?	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
Are your beneficiary designations current?	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
Do you have a pre/post-nuptial agreement?	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
Do you have a durable power of attorney/enduring/committee/mandate? (Financial and property)	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
Do you have a living will or health care directive? (Personal care)	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
Do you have any employment contract?	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
Do you own property jointly with anyone other than client or spouse/partner? If yes, with whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Name
Are you or any family members the trustee or beneficiary of any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Notes

## Business financial information

### Company Information

Full name of business entity:		
Nature of business (principal activity):		
Address:		
Contact:	Decision maker(s):	
Phone:	Fax:	E-mail:

### Owner Information

Please provide detail or attach a schedule.

Owner name(s)	Date of birth	Title	Shares or percentage of ownership	Market value

### General information

<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC Taxed as:	<input type="checkbox"/> Non-profit 501(c)3
<input type="checkbox"/> Governmental	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partnership LLP	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other:
			<input type="checkbox"/> Partnership	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

State of domicile:	Tax ID:	Number of employees:
Fiscal year end (month/day):	Business tax rate:	Federal    %                      State    %

### Retirement plan objectives

Are you a business owner or a key decision-maker with respect to your company's retirement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type(s) of retirement plan(s) are sponsored at your company?	
What could be done to improve your company's retirement plan or strategy?	

### Executive benefit plan objectives

Do you have a supplemental compensation plan (non qualified deferred compensation, split dollar, section 162 plans, etc., SERP, RCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is it funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how?
Do you have a succession plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a buy/sell agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is it funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have key person life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Please provide copies of:

Most recent financial statements	Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(for valuations, we need last 3 years)
Most recent income tax return	Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Buy/Sell agreements	Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

This page intentionally left blank

---

RBC Wealth Management does not provide tax or legal advice. All decisions regarding the tax or legal implications of your investments should be made in connection with your independent tax or legal advisor.