

BENEFICIAL OWNERSHIP FORM

(COMPLETE FOR ALL NON-INDIVIDUAL ACCOUNTS)

FAX/SCAN COPY ACCEPTABLE

ACCOUNT NAME:
(LEGAL/REGISTERED NAME OF ORGANIZATION OR ENTITY)

ACCOUNT NUMBER:

INSTRUCTIONS: Complete required Sections

- **SECTIONS 1 and 4:** Private Corporation, Partnership, Investment Club, and any other Non-Individual entities not covered in below sections
- **SECTIONS 1, 2, and 4:** Charity, Non-Profit Organization
- **SECTIONS 3 and 4:** Formal Trust, Testamentary Trust
- **SECTIONS 1 and 4:** Church, Fraternal Organization, Financial Institution in acceptable regulatory regime and Publicly-Traded Corporation*

* (Publicly-Traded Corporations and their Wholly-Owned Subsidiaries that have minimum net assets of \$75 million on their last audited balance sheet and whose shares are traded on a Canadian Stock Exchange or stock exchange designated under subsection 262(1) of the Income Tax Act, and who operate in a FATF member country, are exempted).

SECTION 1

FOR PARTNERSHIPS: Are there any individual(s) who are the beneficial owner(s), or exercise direct or indirect[†] control Yes No over the affairs of the partnership, or have direct or indirect[†] ownership, of 25% or more of the partnership?

If indicated YES, complete information below. If indicated NO, proceed to SECTION 4. (Attach list if space is insufficient)

FOR ALL OTHER ENTITIES: Are there any individual(s) who are the beneficial owner(s), or exercise direct or indirect[†] control or direction, of 25% or more of the voting rights attached to the outstanding voting securities of the corporation/ entity or have direct or indirect[†] ownership of 25% or more of the shares of the corporation/entity? Yes No

If indicated YES, complete information below. If indicated NO, proceed to SECTION 4. (Attach list if space is insufficient)

FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH (MM/DD/YYYY)

ADDRESS

FOR PARTNERSHIPS: For the individual noted above that exercises control over the affairs of the partnership; OR

FOR ALL OTHER ENTITIES (excluding Financial Institutions in acceptable regulatory regime and Publicly-Traded Corporation): For the individual noted above

■ Banking information to facilitate identity verification:
NAME OF FINANCIAL INSTITUTION TRANSIT ACCOUNT NUMBER

■ If the individual or the individual's spouse is an insider of a reporting issuer or any other issuer whose securities are publicly traded, provide name & symbol (if applicable) of the issuer(s):

■ If the individual or the individual's spouse hold, separately or in combination with other persons, over 20% of the voting securities of any reporting issuer, provide name of issuer(s):

FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH (MM/DD/YYYY)

ADDRESS

FOR PARTNERSHIPS: For the individual noted above that exercises control over the affairs of the partnership; OR

FOR ALL OTHER ENTITIES (excluding Financial Institutions in acceptable regulatory regime and Publicly-Traded Corporation): For the individual noted above

■ Banking information to facilitate identity verification:
NAME OF FINANCIAL INSTITUTION TRANSIT ACCOUNT NUMBER

■ If the individual or the individual's spouse is an insider of a reporting issuer or any other issuer whose securities are publicly traded, provide name & symbol (if applicable) of the issuer(s):

■ If the individual or the individual's spouse hold, separately or in combination with other persons, over 20% of the voting securities of any reporting issuer, provide name of issuer(s):

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
ADDRESS			

FOR PARTNERSHIPS: For the individual noted above that exercises control over the affairs of the partnership; OR
FOR ALL OTHER ENTITIES (excluding Financial Institutions in acceptable regulatory regime and Publicly-Traded Corporation): For the individual noted above

- Banking information to facilitate identity verification:

NAME OF FINANCIAL INSTITUTION	TRANSIT	ACCOUNT NUMBER
- If the individual or the individual's spouse is an insider of a reporting issuer or any other issuer whose securities are publicly traded, provide name & symbol (if applicable) of the issuer(s):
- If the individual or the individual's spouse hold, separately or in combination with other persons, over 20% of the voting securities of any reporting issuer, provide name of issuer(s):

FOR PARTNERSHIPS: Are there any entities who are the beneficial owner(s), or exercise direct or indirect[†] control over the affairs of the partnership, or have direct or indirect[†] ownership, of 25% or more of the partnership? Yes No
 If indicated YES, complete information below for the entities and section above for indirect[†] individuals who own the below entity.
 If indicated NO, proceed to SECTION 4. (Attach list if space is insufficient)

FOR ALL OTHER ENTITIES: Are there any entities who are the beneficial owner(s), or exercises direct or indirect[†] control or direction, of 25% or more of the voting rights attached to the outstanding voting securities of the corporation/entity, or have direct or indirect[†] ownership of 25% or more of the shares of the corporation/entity? Yes No
 If indicated YES, complete information below for the entities and section above for indirect[†] individuals who own the below entity.
 If indicated NO, proceed to SECTION 4. (Attach list if space is insufficient)

NAME OF ENTITY	ADDRESS
NAME OF ENTITY	ADDRESS

SECTION 2

Is the Non-Profit Organization registered as a Charity with CRA (Canada Revenue Agency)? Yes No
 If YES, provide the CRA Registration Number:
 If NO, does the Charitable Organization solicit donations from the public? Yes No

SECTION 3: Formal Trusts & Testamentary Trusts

List all individuals that are trustees, settlors, known direct and indirect[†] beneficiaries, or exercise control over the affairs of the trust.
 *** At minimum, all trusts must have a beneficiary, a settlor and a trustee listed.

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
ADDRESS			

Tick all that apply: BENEFICIARY TRUSTEE SETTLOR
 Does the individual noted above exercise control over the affairs of the trust? Yes No

If YES, provide banking information to facilitate identify verification:

NAME OF FINANCIAL INSTITUTION	TRANSIT	ACCOUNT NUMBER

- For the individual noted above that exercises control over the affairs of the trust, or is a known beneficiary of more than 10% of the trust:
- If the individual or the individual's spouse is an insider of a reporting issuer or any other issuer whose securities are publicly traded, provide name & symbol (if applicable) of the issuer(s):
 - If the individual or the individual's spouse hold, separately or in combination with other persons, over 20% of the voting securities of any reporting issuer, provide name of issuer(s):

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

ADDRESS

Tick all that apply: BENEFICIARY TRUSTEE SETTLOR

Does the individual noted above exercise control over the affairs of the trust? Yes No

If YES, provide banking information to facilitate identify verification:

NAME OF FINANCIAL INSTITUTION	TRANSIT	ACCOUNT NUMBER

For the individual noted above that exercises control over the affairs of the trust, or is a known beneficiary of more than 10% of the trust:

- If the individual or the individual's spouse is an insider of a reporting issuer or any other issuer whose securities are publicly traded, provide name & symbol (if applicable) of the issuer(s):
- If the individual or the individual's spouse hold, separately or in combination with other persons, over 20% of the voting securities of any reporting issuer, provide name of issuer(s):

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

ADDRESS

Tick all that apply: BENEFICIARY TRUSTEE SETTLOR

Does the individual noted above exercise control over the affairs of the trust? Yes No

If YES, provide banking information to facilitate identify verification:

NAME OF FINANCIAL INSTITUTION	TRANSIT	ACCOUNT NUMBER

For the individual noted above that exercises control over the affairs of the trust, or is a known beneficiary of more than 10% of the trust:

- If the individual or the individual's spouse is an insider of a reporting issuer or any other issuer whose securities are publicly traded, provide name & symbol (if applicable) of the issuer(s):
- If the individual or the individual's spouse hold, separately or in combination with other persons, over 20% of the voting securities of any reporting issuer, provide name of issuer(s):

Please list all entities that are known beneficiaries or exercise control over the affairs of the trust
In the case of a testamentary trust please note the estate name in the entity section below. I.e. Estate of John Smith

NAME OF ENTITY	ADDRESS
NAME OF ENTITY	ADDRESS

SECTION 4

Client confirms that all information provided to RBC Direct Investing regarding the entity's ownership, control, and structure is true, complete and accurate in all respects.

NAME OF AUTHORIZED SIGNATORY	SIGNATURE	DATE (MM/DD/YYYY)
NAME OF AUTHORIZED SIGNATORY	SIGNATURE	DATE (MM/DD/YYYY)

† An indirect account holder is someone who has beneficial ownership through the structure of an account. I.e. ABC is owned equally by BBB and CCC, BBB is equally owned by John and Jane while CCC is equally owned by Peter and Sue. The indirect account holders are John, Jane, Peter and Sue.

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