



Direct Investing

RBC Direct Investing Inc.

TREASURY BILL ROLLOVER

FAX/SCAN COPY ACCEPTABLE

New Change existing instructions

Name: _____

Account Number: _____

(If account is joint, please provide name of other party)

Type of Rollover (Check one only)

Rollover the matured value of my T-Bill, rounded down to the nearest \$1,000 each time my T-Bill comes to maturity (the interest that I have earned on the maturing T-Bill will be added to the original cost, at each Rollover, for the term indicated at right).

Initial par value of T-Bill: \$ _____

Rollover \$ _____ face (par) value each time my T-Bill comes to maturity, investing these funds for the term that I have indicated at right. Leave interest earned on the T-Bill in my RBC Direct Investing® account.

Term of Maturity

- 1 month
- 2 months
- 3 months
- 6 months
- 12 months

Please select one term only. Note: all rollovers are subject to availability.

Please ensure you have sufficient funds in your RBC Direct Investing account to cover the amount indicated. If there is not enough cash on deposit to meet your request, RBC Direct Investing will purchase to the nearest \$1,000 amount.

T-Bill Maturity Reminder

I wish to be called on the business day prior to maturity (on a best efforts basis) so that I may provide specific instructions for the proceeds of the T-Bill. Should RBC Direct Investing be unable to contact me, the cash proceeds of the matured T-Bill will earn interest in my RBC Direct Investing account.

Home Telephone Number _____

Business Telephone Number _____

Unless written cancellation is received two days prior to maturity, RBC Direct Investing is hereby authorized to purchase a Canadian T-Bill for the indicated amount and term at prevailing market rates, as per my instructions above. RBC Direct Investing will send me a confirmation the next business day for the T-Bill purchase to the address on file.

[X] _____
Client Signature

Date (MM/DD/YYYY)

[X] _____
Other Party Signature (Joint Accounts)

Date (MM/DD/YYYY)

FOR RBC DIRECT INVESTING USE ONLY

Authorized by: _____

Date (MM/DD/YYYY)