



Beneficiary form for Business Clients Trust Accounts

Please retain a copy of the completed form for your records

For Internal Use Only

Trustee Name	Transit Number	Account Number	Date Received
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Instructions

1. Complete all columns on this form for all the beneficiaries of this account/ GIC as indicated.
2. By submitting this form you are confirming that deposits held in this account are held in trust.
3. We ask you to provide this information to us by **April 30, 2024** to ensure appropriate beneficiary coverage.
4. Mail your completed form to the specified address.
5. If there are more than five beneficiaries, please attach a separate page with the beneficiary information using the table format below.

RBC Royal Bank of Canada
Attention: CDIC Business Accounts (Transit 05193)
 PO Box 4509, STN A. – YMC 3rd Floor
 Toronto, ON M5W 4K5

Beneficiary Information

1	First Name or Business Legal Name	Middle Name		Last Name			%/ \$	Beneficiary's interest ONLY in either percentage or amount
	Number/Street	Apt	City	Province	Country	Postal Code		
2	First Name or Business Legal Name	Middle Name		Last Name			%/ \$	Beneficiary's interest ONLY in either percentage or amount
	Number/Street	Apt	City	Province	Country	Postal Code		
3	First Name or Business Legal Name	Middle Name		Last Name			%/ \$	Beneficiary's interest ONLY in either percentage or amount
	Number/Street	Apt	City	Province	Country	Postal Code		
4	First Name or Business Legal Name	Middle Name		Last Name			%/ \$	Beneficiary's interest ONLY in either percentage or amount
	Number/Street	Apt	City	Province	Country	Postal Code		
5	First Name or Business Legal Name	Middle Name		Last Name			%/ \$	Beneficiary's interest ONLY in either percentage or amount
	Number/Street	Apt	City	Province	Country	Postal Code		
Total Account Balance for 2024							%/ \$	