

RBC Group Advantage

Group Savings Plan Application



RBC GROUP SAVINGS PLAN

Instructions:

Please select an option and complete the applicable sections based on the requirements as listed below.

- Option 1 – New Sponsor
Please complete the full application
- Option 2 – New Plan for an Existing Sponsor
Please complete Sections 2 to 7
Please indicate Sponsor ID _____
- Option 3 – Changes to an Existing Plan
Please complete the relevant section for the change
Please indicate the Plan Number _____ and Sponsor ID _____

If setting up multiple plans, please include only the primary plan on this application and complete a supplementary Group Savings Plan Application and Plan Specifications document for each additional plan with different specifications as outlined in Option 2 above.

Once completed, please submit this cover sheet with all completed pages or sections.

Royal Bank requires this information to properly establish and administer all group savings plans on behalf of the Sponsor.

The Glossary of Terms can be found in the RBC Group Savings Plan – Plan Administrative terms and other Considerations document.

SECTION 1: SPONSOR INFORMATION

Legal Name:	<input type="text"/>	
Trade Name:	<input type="text"/>	
Company Mailing Address: (Street Number & Name, City/ Town, Province, Postal Code)	<input type="text"/>	
Jurisdiction	<input type="checkbox"/> Federal <input type="checkbox"/> Provincial <input type="checkbox"/> Not Incorporated	
Primary Corporate Contact	Name:	<input type="text"/>
	Title:	<input type="text"/>
	Telephone:	<input type="text"/>
	Email:	<input type="text"/>
Address (if different from Company Mailing Address):		<input type="text"/>
Secondary Corporate Contact	Name:	<input type="text"/>
	Title:	<input type="text"/>
	Telephone:	<input type="text"/>
	Email:	<input type="text"/>
Address (if different from Company Mailing Address):		<input type="text"/>
Primary Admin Contact	Name:	<input type="text"/>
	Title:	<input type="text"/>
	Telephone:	<input type="text"/>
	Email:	<input type="text"/>
Address (if different from Company Mailing Address):		<input type="text"/>
Secondary Admin Contact	Name:	<input type="text"/>
	Title:	<input type="text"/>
	Telephone:	<input type="text"/>
	Email:	<input type="text"/>
Address (if different from Company Mailing Address):		<input type="text"/>

SECTION 2: PLAN DETAILS

Plan Name	<input type="text"/>
Plan Sub Type	<input type="checkbox"/> Group Registered Retirement Savings Plan (GRSP) <input type="checkbox"/> Group Tax Free Savings Account (GTFSA) <input type="checkbox"/> Group Investment Account (GIA) <input type="checkbox"/> Group Locked-in Registered Account (for DC plan wind-up transfers only)
Number of Eligible Employees	<input type="text"/>
Investment Options	<input type="checkbox"/> RBC Royal Bank <input type="checkbox"/> Royal Choices (GRSP & GIA only)

SECTION 3: CONTRIBUTIONS

Employee contributions Yes No

Employee Eligibility Type All Hourly Full Time
 Salaried Executive Union Non-Union

Other:

Employee Eligibility Waiting Period Employee must complete months of continuous service
 Employee may join plan on of any year
 None
 Other:

Sponsor Contributions Yes No If No, please proceed to Section 5.

Separate plans for Sponsor and employee contributions (GRSP, GTFSA & GIA only) Yes No

Member Earnings for Contribution Purposes Salary including overtime and bonus Salary excluding overtime and bonus
 Other:

Sponsor Contributions vary by employee's length of service? Yes No

If No, please proceed to Option 1. If Yes, please proceed to Option 2 and fill out boxes as required.

Option 1: Sponsor Contribution does not vary by employee's length of service

Details of Sponsor Contributions	<input type="checkbox"/> <input type="text"/> % of GRSP contribution	<input type="checkbox"/> \$ <input type="text"/> \$ per annum
	<input type="checkbox"/> <input type="text"/> % of Employee Salary	<input type="checkbox"/> \$ <input type="text"/> Fixed Amount
	<input type="checkbox"/> <input type="text"/> % of Profits	
	<input type="checkbox"/> Variable \$ Amount – For Every \$ <input type="text"/> of Employee Contribution Employer will contribute \$ <input type="text"/>	
	Other <input type="text"/>	
Maximum Sponsor Contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of Maximum Contributions	<input type="checkbox"/> % of Employee Salary <input type="text"/> %	
	<input type="checkbox"/> Amount \$ <input type="text"/>	
	<input type="checkbox"/> Other <input type="text"/>	

Option 2: Sponsor Contribution varies by employee's length of service

Employee's Length of Service Ranges	From: <input style="width:50px;" type="text"/>	To: <input style="width:50px;" type="text"/>	Units: <input style="width:50px;" type="text"/> <input type="checkbox"/> and Above
Details of Sponsor Contributions	<input type="checkbox"/> <input style="width:50px;" type="text"/> % of GRSP contribution	<input type="checkbox"/> \$ <input style="width:50px;" type="text"/> \$ per annum	
	<input type="checkbox"/> <input style="width:50px;" type="text"/> % of Employee Salary	<input type="checkbox"/> \$ <input style="width:50px;" type="text"/> Fixed Amount	
	<input type="checkbox"/> <input style="width:50px;" type="text"/> % of Profits		
	<input type="checkbox"/> Variable \$ Amount – For Every \$ <input style="width:50px;" type="text"/> of Employee Contribution Employer will contribute \$ <input style="width:50px;" type="text"/>		
	Other <input style="width:500px;" type="text"/>		
Maximum Sponsor Contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Details of Maximum Contributions	<input type="checkbox"/> % of Employee Salary <input style="width:50px;" type="text"/> %		
	<input type="checkbox"/> Amount \$ <input style="width:50px;" type="text"/>		
	<input type="checkbox"/> Other <input style="width:500px;" type="text"/>		
Employee's Length of Service Ranges	From: <input style="width:50px;" type="text"/>	To: <input style="width:50px;" type="text"/>	Units: <input style="width:50px;" type="text"/> <input type="checkbox"/> and Above
Details of Sponsor Contributions	<input type="checkbox"/> <input style="width:50px;" type="text"/> % of GRSP contribution	<input type="checkbox"/> \$ <input style="width:50px;" type="text"/> \$ per annum	
	<input type="checkbox"/> <input style="width:50px;" type="text"/> % of Employee Salary	<input type="checkbox"/> \$ <input style="width:50px;" type="text"/> Fixed Amount	
	<input type="checkbox"/> <input style="width:50px;" type="text"/> % of Profits		
	<input type="checkbox"/> Variable \$ Amount – For Every \$ <input style="width:50px;" type="text"/> of Employee Contribution Employer will contribute \$ <input style="width:50px;" type="text"/>		
	Other <input style="width:500px;" type="text"/>		
Maximum Sponsor Contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Details of Maximum Contributions	<input type="checkbox"/> % of Employee Salary <input style="width:50px;" type="text"/> %		
	<input type="checkbox"/> Amount \$ <input style="width:50px;" type="text"/>		
	<input type="checkbox"/> Other <input style="width:500px;" type="text"/>		

*Should you need to add additional contribution information, please use the Supplementary Contribution Form (#118670)

SECTION 4: SPOUSAL DETAILS (only available for GRSP)

Spousal Plan Option? Yes No

Sponsor contributions to spousal account? Yes No

SECTION 5: BONUS DETAILS

Does the Sponsor pay any bonuses? Yes No

Can bonuses be contributed to the Plan? Yes No

SECTION 6: WITHDRAWALS

Withdrawal Notification: Employer & Employee Employer Only None

Withdrawal Comments:

Sponsor signature(s) required for withdrawal: One Signature Two Signatures

Withdrawal allowed for: (only available for GRSP) Home Buyers Plan Lifelong Learning Plan

Sponsor Contributions Suspended Upon Withdrawal From Plan? Yes No

Suspension Comments:

SECTION 7: CONTRIBUTION REMITTANCE

Contribution Remittance Method: Sponsor Site ADP Ceridian Payroll ID (mandatory):

Contribution Remittance Frequency: Weekly Bi-Weekly Monthly
 Semi-Monthly Quarterly Annually

Payroll Frequency: Weekly Bi-Weekly Monthly
 Semi-Monthly Quarterly Annually

Expected First Contribution Date:

Payment Details

Contribution Payment Method: Payroll Provider Debit/Credit Company Account* Company Cheque

*Complete Authorization to Debit/Credit Bank Account

The Sponsor warrants and guarantees that all persons whose signatures are required to sign on this account have signed below.

Signed and certified on behalf of the Company, this day of , 20

by:
 (Authorized signing officer)

by:
 (Authorized signing officer)

(Name)

(Name)

(Title)

(Title)

(RBC Group Advantage Contact signature)

(Name)

(Title)



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