



Account Number _____ Type _____ Check Digit _____
Rep ID _____ Alternate Branch _____

PERIODIC CHECK DISBURSEMENT SET UP FORM

CLIENT INFORMATION

Name and Address

CHECK DISBURSEMENT INSTRUCTIONS

Transaction Information. This form is NOT for distributions from a RBC CM Custodial Retirement Plans

| | | | | | | | |
|-----------|------------|---------------------|---------------------------------|----------------------------------|------------------------------------|-------------------------------------|---------------------------------|
| Amount \$ | Start Date | End Date (Optional) | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semiannual | <input type="checkbox"/> Annual |
|-----------|------------|---------------------|---------------------------------|----------------------------------|------------------------------------|-------------------------------------|---------------------------------|

Payee and Mailing Information

Pay to Name and Address of Record (Do not fill out Payee and Mailing Address information below when checking this box)

Pay to Alternate Address Pay to Third Party (Signature Guarantee Required)

Populate Payee and Address information below. Maximum of thirty characters allowed for each line.

| | |
|------------------|--|
| Payee: | |
| | |
| Mailing Address: | |
| | |
| | |
| | |

Check Stub Information (Optional). Maximum of thirty characters allowed for each line.

SIGNATURES

I authorize and direct RBC Correspondent Services ("RBC CS"), a division of RBC Capital Markets Corporation ("RBC CM"), Member NYSE/FINRA/SIPC, to withdraw funds from this account and to disburse them according to the above instructions. I agree to hold harmless RBC CS for following my instructions for payment to a third party.

RBC CS may require up to fifteen (15) days from receipt of this notice to process the first transaction. The periodic transactions will remain in effect until the given end date or until I notify RBC CS. The authorization may be changed or canceled by giving the RBC CS Operations Department written notice fifteen (15) days in advance of the effective date of such change or cancellation.

| | | | |
|---------------------------------|------|---------------------------------|------|
| Client Signature | Date | Client Signature | Date |
| Print Name from Signature Above | | Print Name from Signature Above | |

Place Notary Or Signature Guarantee Here. Required Only For Third Party Disbursements.

RBC CS is entitled to rely upon the information provided in this form until written notice of its revocation is delivered to us. If distribution falls on a weekend or bank holiday, the transaction will be processed the prior business day.