



TRANSFER AUTHORIZATION FORM

Registered Plans & TFSA Division

A. Client Identification

Last Name	First Name	Middle Name
Address	City	Province
		Postal Code
Social Insurance Number (SIN)	Residence Telephone Number	Business Telephone Number

B. Receiving Institution Information

Olympia Trust Company

Client Account#

Courier Address: 2200, 125 – 9th Avenue S.E. Calgary, Alberta T2G 0P6
 Mailing Address: PO Box 2581, STN Central, Calgary, AB T2P 1C8
 Telephone: (403) 770-0001 Fax: (403) 261-7523 Toll Free: 1-877-565-0001

Olympia Trust Contact Name:

Account Type:

<input type="checkbox"/> Non-Registered	<input type="checkbox"/> TFSA	<input type="checkbox"/> RRSP	<input type="checkbox"/> RRSP Spousal	<input type="checkbox"/> RRIF
<input type="checkbox"/> RRIF Spousal	<input type="checkbox"/> LIRA	<input type="checkbox"/> LRSP	<input type="checkbox"/> Prescribed RIF	<input type="checkbox"/> LIF
<input type="checkbox"/> RLSP	<input type="checkbox"/> NEW LIF	<input type="checkbox"/> LRIF	<input type="checkbox"/> RLIF	

For Locked-in Plan Use Only

Locked-in Plan Transfer Acknowledgement Olympia Trust Company acknowledges that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below, will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditions of

Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation regulations and the Income Tax Act (Canada). Olympia appears on the Superintendent's List of Financial Institutions authorized to administer funds in the Jurisdiction noted.

Olympia does not hold PEI Legislated plans

Governing Legislation (province or territory – specify)	Olympia Trust Company Authorized Signature	Date
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C. Client Direction to Relinquishing Institution

Relinquishing Institution Name _____

Address	City	Province	Postal Code
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Client Account/Policy Number _____

Transfer the following: (choose one)

- A. Full Account In-Cash Full Account In-Kind
- B. Partial Cash Balance Only Mixed In-Cash and In-Kind (If additional space is required please attach a signed asset list)

In-Cash	In-Kind	All or	Dollar Amount	or	Shares/Units	Fund Number or Stock Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	All	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	All	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	All	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	All	

Transfer of Publicly Traded Securities: Olympia Trust Company must be advised of any deliveries to our account at Qtrade Securities Inc. prior to the transfer being set up. Canadian Transfers of Registered Investments FINS # 7815 CUID: QTRD ACCT # Q5K5AGHA DTC: 5009 Canadian Transfers of Non-Registered (cash) Investments FINS # 7815 CUID: QTRD ACCT # Q5K5AJ1A DTC: 5009.

Please note: Olympia Trust Company cannot accept mutual funds transferred in-kind.

D. Client Authorization

- i) I hereby request the transfer of my investments as described above.
- ii) I understand that it is my sole responsibility to ensure that this form has been completed accurately and in full. Any omissions or errors may result in delays due to the rejection of the transfer by the other institution.
- iii) Where I have requested to transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

SIGNATURE GUARANTEED AND
CERTIFIED TRUE COPY
OLYMPIA TRUST COMPANY

I confirm I have attached a recent statement from the relinquishing institution named above.

Olympia Trust Company
Authorized Signature

E-Mail Address: _____ (Olympia Trust will email you upon receipt of the funds)

Date: _____ Signature of Client: X _____

E. For Use By Relinquishing Institution

Plan Type: Non-Registered TFSA RRSP LIRA LRSP RLSP LRIF

Prescribed RIF LIF NEW LIF RLIF RRIF Qualified Non-Qualified

Spousal Plan: No Yes Last Name _____ First Name _____ Spouse's SIN _____

Locked in Funds: No Yes Locked in Funds \$ _____ Governing Legislation _____

Contact Name: _____ Telephone Number: _____ Fax Number: _____

Authorized Signature: _____ Amount Transferred \$ _____