

WITH US IT'S PERSONAL

LETTER OF AUTHORIZATION

Registered Plans & TFSA Division

Fax: 403.261.7523 rrspprocessing@olympiatrust.com

By completing this form, I acknowledge and agree that I am authorizing another individual to obtain personal and financial information about me which information is currently held by Olympia Trust Company ("Olympia"). This Letter of Authorization shall apply to all of the plans I have with Olympia (the "Plans").

I hereby authorize Olympia to provide the following individual or corporation all requested personal and financial information relating to my Plans and further authorize Olympia to grant the following individual or corporation access to view my Plans via the secure Olympia website. By allowing website access, the individual or corporation will be able to view all of my past and current assets.

First Name	Last Name
The individual identified above is:	
My Spouse OR	
A representative of the following:	
Dealing Representative(Name of Dealing Repr	
(Name of Exe	mpt Market Dealer)
Investment Issuer	
(Name of Investment Issuer)	
Mortgage Broker	
(Name of Mortgage Broker)	
Other(Please specify)	
I acknowledge and agree that this Letter of Authorization will continue to be valid until I provide written instructions to Olympia to terminate or modify this Letter of Authorization.	
Client Name	
Client Signature	Date
Client Address (Street, City, Province, Postal Cod	e)
The personal information collected on this form will be used by Olympia to process your request for someone else to be authorized to obtain personal and financial information about you which information is currently held by Olympia. All personal information collected by Olympia is subject to our Privacy Policy, a copy of which is available for your review on our website (www.olympiatrust.com).	
	Dlympia Use Only - Olympia Agent ID #