



TRANSFER AUTHORIZATION FORM

Registered, TFSA, and Corporate/Individual/Joint Accounts
Registered Plans & TFSA Division

1. Client Identification	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center;">Last Name</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Middle Initial</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Street Address</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center;">City</td> <td style="text-align: center;">Province</td> <td style="text-align: center;">Postal Code</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Social Insurance Number</td> <td style="text-align: center;">Residence Telephone Number</td> <td style="text-align: center;">Business Telephone Number</td> </tr> </table>				Last Name	First Name	Middle Initial				Street Address									City	Province	Postal Code				Social Insurance Number	Residence Telephone Number	Business Telephone Number
Last Name	First Name	Middle Initial																										
Street Address																												
City	Province	Postal Code																										
Social Insurance Number	Residence Telephone Number	Business Telephone Number																										
2. Receiving Institution Information	<p>Olympia Trust Company</p> <p><i>Courier Address:</i> 2200, 125 – 9th Avenue S.E. Calgary, Alberta T2G 0P6</p> <p><i>Telephone:</i> 403.770.0001 <i>Toll Free:</i> 1.877.565.0001</p> <p><i>Mailing Address:</i> PO Box 2581, STN Central, Calgary, Alberta T2P 1C8</p> <p><i>Fax:</i> 403.668.8317</p> <p>Olympia Contact Name _____ Client Account Number _____</p>																											
For use by Mutual Fund Dealing Representative Only	<p>Name of Dealer _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="border-bottom: 1px solid black; width: 35%;"></td> </tr> <tr> <td style="text-align: center;">Name of Mutual Fund Dealing Representative</td> <td></td> <td style="text-align: center;">Mutual Fund Dealing Representative Number</td> </tr> </table>		-		Name of Mutual Fund Dealing Representative		Mutual Fund Dealing Representative Number																					
	-																											
Name of Mutual Fund Dealing Representative		Mutual Fund Dealing Representative Number																										
Account Type	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Corporate (Non-Registered)**</td> <td><input type="checkbox"/> LIRA</td> <td><input type="checkbox"/> RRSP Spousal</td> <td><input type="checkbox"/> Prescribed RIF</td> </tr> <tr> <td><input type="checkbox"/> Individual (Non-Registered)**</td> <td><input type="checkbox"/> LRSP</td> <td><input type="checkbox"/> LIF</td> <td><input type="checkbox"/> RLIF</td> </tr> <tr> <td><input type="checkbox"/> Joint (Non-Registered)**</td> <td><input type="checkbox"/> RLSP</td> <td><input type="checkbox"/> LRIF</td> <td><input type="checkbox"/> RRIF</td> </tr> <tr> <td><input type="checkbox"/> TFSA</td> <td><input type="checkbox"/> RRSP</td> <td><input type="checkbox"/> NEW LIF</td> <td><input type="checkbox"/> RRIF Spousal</td> </tr> </table>	<input type="checkbox"/> Corporate (Non-Registered)**	<input type="checkbox"/> LIRA	<input type="checkbox"/> RRSP Spousal	<input type="checkbox"/> Prescribed RIF	<input type="checkbox"/> Individual (Non-Registered)**	<input type="checkbox"/> LRSP	<input type="checkbox"/> LIF	<input type="checkbox"/> RLIF	<input type="checkbox"/> Joint (Non-Registered)**	<input type="checkbox"/> RLSP	<input type="checkbox"/> LRIF	<input type="checkbox"/> RRIF	<input type="checkbox"/> TFSA	<input type="checkbox"/> RRSP	<input type="checkbox"/> NEW LIF	<input type="checkbox"/> RRIF Spousal											
<input type="checkbox"/> Corporate (Non-Registered)**	<input type="checkbox"/> LIRA	<input type="checkbox"/> RRSP Spousal	<input type="checkbox"/> Prescribed RIF																									
<input type="checkbox"/> Individual (Non-Registered)**	<input type="checkbox"/> LRSP	<input type="checkbox"/> LIF	<input type="checkbox"/> RLIF																									
<input type="checkbox"/> Joint (Non-Registered)**	<input type="checkbox"/> RLSP	<input type="checkbox"/> LRIF	<input type="checkbox"/> RRIF																									
<input type="checkbox"/> TFSA	<input type="checkbox"/> RRSP	<input type="checkbox"/> NEW LIF	<input type="checkbox"/> RRIF Spousal																									
<p>For Locked-in Plan Use Only</p> <p>New Brunswick Registration #: NBC0599</p> <p>Olympia does not hold PEI Legislated plans</p>	<p>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:</p> <p>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. 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 <i>Income Tax Act</i> (Canada). Olympia appears on the Superintendent's List of Financial Institutions authorized to administer funds in the Jurisdiction noted.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center;">Governing Legislation <i>(province or territory – specify)</i></td> <td style="text-align: center;">Olympia Trust Company Authorized Signatory</td> <td style="text-align: center;">Date</td> </tr> </table>				Governing Legislation <i>(province or territory – specify)</i>	Olympia Trust Company Authorized Signatory	Date																					
Governing Legislation <i>(province or territory – specify)</i>	Olympia Trust Company Authorized Signatory	Date																										
3. Client Direction to Relinquishing Institution	<p>Relinquishing Institution Name _____</p> <p>Address _____ City _____ Province _____ Postal Code _____</p> <p>Client Account / Policy Number: _____</p>																											



TRANSFER AUTHORIZATION FORM

Registered, TFSA, and Corporate/Individual/Joint Accounts
Registered Plans & TFSA Division

4. Transfer Instructions	<p>Transfer the following: (Choose ONE of the four options)</p> <p>1) <input type="checkbox"/> Full Account Transfer - In-Cash (Liquidate All Assets) 2) <input type="checkbox"/> Full Account Transfer – In-Kind (Transfer All Assets and Cash <u>AS IS</u>) 3) <input type="checkbox"/> Partial Account Transfer - Cash Balance <u>Only</u> 4) <input type="checkbox"/> Partial Account Transfer - In-Cash and/or In-Kind as per the below (Please include a signed asset list if additional space is required)</p>					
NOTE: Olympia Trust Company must be advised of any in-kind deliveries prior to the transfer being set up.	Choose One		Identify ONE of the below options			Fund Number or Stock Name
	In-Cash	In-Kind	\$ Amount (NET)	# of Shares/Units	ALL	
			\$			
			\$			
			\$			
			\$			
Transfer of Publicly Traded Securities: <u>Canadian Transfers of Registered Investments</u> FINS # 7815 CUID: QTRD ACCT # Q5K5AGHA DTC: 5009 <u>Canadian Transfers of non-Registered Investments</u> FINS # 7815 CUID: QTRD ACCT # Q5K5AJ1A DTC: 5009			Transfer of Mutual Funds: <u>Canadian Transfers of Mutual Funds</u> INTERMEDIARY CODE: OLYM NOTE: Olympia Trust Company cannot accept Mutual Funds payable in US dollars. The transfer of mutual funds to Individual or Corporate (non-registered) accounts is not permitted.			
5. Client Authorization	<p>i) I hereby request the transfer of my investment(s) as described above. ii) I understand it is my sole responsibility to ensure 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. iv) I understand all funds received in a non-Canadian currency will be converted into Canadian currency at the rate actually received by Olympia when such conversion occurs.</p> <p><input type="checkbox"/> I confirm I have attached a recent statement from the relinquishing institution named above.</p> <p>E-Mail Address: _____ (Olympia will email you directly upon receipt of the funds)</p> <p>Date: _____ Signature of Client: X _____</p> <p>Full Name of Client (printed) _____</p>					
6. For Use By Relinquishing Institution	<p>Plan Type: <input type="checkbox"/> Corporate (Non-Registered) <input type="checkbox"/> LIRA <input type="checkbox"/> LIF <input type="checkbox"/> Prescribed RIF <input type="checkbox"/> Individual (Non-Registered) <input type="checkbox"/> LRSP <input type="checkbox"/> LRIF <input type="checkbox"/> RIF (Qualified) <input type="checkbox"/> Joint (Non-Registered) <input type="checkbox"/> RLSP <input type="checkbox"/> NEW LIF <input type="checkbox"/> RIF (Non-Qualified) <input type="checkbox"/> TFSA <input type="checkbox"/> RRSP <input type="checkbox"/> RLIF</p> <p>Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes Spousal Information: Last Name _____ First Name _____ SIN _____</p> <p>Locked in Funds: <input type="checkbox"/> No <input type="checkbox"/> Yes Locked in Funds \$ _____ Governing Legislation _____</p> <p>Contact Name _____ Telephone number _____ Fax number _____</p> <p>Authorized Signature _____ Amount Transferred \$ _____</p>					

Privacy Notice: At Olympia Trust Company, we take privacy seriously. In providing services to you, we receive non-public, personal information about you. We receive this information through transactions we perform for you and may also receive information about you by virtue of your transactions with affiliates of Olympia Trust Company or other parties. Olympia Trust Company is committed to respecting and protecting the confidentiality of your personal information and the safeguarding of all personal information entrusted to us. We have prepared a Privacy Policy to tell you more about how we protect your personal information. It is available on our website at www.olympiustrust.com.