

Withdrawal Form

Registered Plans & TFSA Division

Fax: 403.776.8679

Email: rrspprocessing@olympiatrust.com

1. Client							
Information	Last Name		First Name		Account Number	r	
2. Type of Withdrawal	Currency: CAD (default if left blank) USD I wish to withdraw from the above account held on my behalf at Olympia Trust Company ("Olympia") as follows (choose one of the following):						
	a. Deregistration (RRSP / RRSP Spousal / RRIF / RRIF Spousal) - withholding tax applies.						
	Full In-Cash (total account balance must be in a cash position)						
				accepted for deregistratio	n in USD):		
	_	amount:\$ (amount BEFORE applicable fees and withholding tax are applied)					
	Net amo						
	Full In-Kind (t	(total account balance that contains securities; residual cash will also be included)					
	Partial In-Kind (use the In-Kind Withdrawal Instructions chart below) For USD and in-kind deregistration: I have ensured there is enough cash in the CAD cash balance of my						
							account to cover the required withholding tax and applicable fees (see Section 3 below).
		b. Withdrawal (TFSA / Corporate / Individual / Joint) - withholding tax does not apply.					
	Full In-Cash (total account balance must be in a cash position)						
	Partial In-Cash (choose one):						
	Cash balance Specific amount: \$						
	Full In-Kind (total account balance that contains securities; residual cash will also be included)						
	Partial In-Kind	(use the In-Kind V	Vithdrawal Instru	ctions <i>chart below)</i>			
	Monthly Cash	Withdrawal (avai	lable via Electroni	ic Funds Transfer only):			
	Withdrawal amount: Cash balance (must be greater than \$20 to be processed)						
	Specific amount:\$						
	Withdrawal date:						
	Start date (mm/dd/yyyy):						
In-Kind Withdrawal Instructions	Number of Shares / ALL	Security Name		Price per Unit	Total		
			,		(\$)	Withdrawal (\$)	
3. Withholding Tax and Fee Information	Withholding Tax Rates			Withdrawal Fees			
	For USD withdrawals, the withdrawal amount will be All fees are subject to applicable taxes. Fees do not inclu						
	converted to CAD based on the Bank of Canada rate for the calculation of withholding tax.			third-party certificate re-registration fees. Partial Deregistration/Withdrawal In-Cash \$75.00			
		All provinces except Québec	Québec residents	, , , , , , , , , , , , , , , , , , , ,		\$100.00	
	Withdrawal Amount (gross)			, ,		\$250.00	
	Up to \$5,000.00	10%	20%	Unscheduled Income Fur			
	\$5,000.01 to \$15,000.00	20%	25%	Unscheduled Income Fur	nd Payment In-Kind	\$75.00	
	\$15,000.01 or more	30%		Issuance of Cheque		\$25.00	

Phone: 403.770.0001



Withdrawal Form

Registered Plans & TFSA Division

Fax: 403.776.8679

Email: rrspprocessing@olympiatrust.com

4. Delivery Instructions	I wish to receive withdrawn cash by (choose one of the following):					
	Electronic Funds Transfer (EFT). The account listed on the VOID cheque must be in the name of the Olympia client					
	requesting the withdrawal. For USD withdrawals, the VOID cheque must be for a USD account.					
	Name of Financial Institution:					
	A VOID cheque must be attached					
	I/we authorize the Company, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions and/or direct deposits and/or refunds from time to time as per my/our instructions as set out herein, and/or payments as the case may be, for payment of all charges and/or refunds arising under my/our account(s) and arrangements and agreements with the Company. Refunds and/or payments for the full amount of services delivered will be credited/debited to my/our specified account as specified herein. This authority is to remain in effect until the Company has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days (but not longer than thirty (30) days) before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel an Electronic Funds Transfer (EFT) Agreement at my/our financial institution or by visiting www.payments.ca. The Company may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement. For example; I/we have the right to receive reimbursement for any Electronic Funds Transfer that is not authorized or is not consistent with this Electronic Funds Transfer (EFT) Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca. Further by signing below, you represent and warrant as follows: 1) That you will not hold the Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or by your financial institution or due to an error on the part of your financial institution in depositing funds to your Account; 2) That y					
	Cheque - Mail. Issuance of Cheque fee applies. Mail to (address):					
	_					
	Cheque - Hold for pickup. Issuance of Cheque fee applies.					
5. Authorization	For USD withdrawals, I understand the amount withdrawn will be converted to CAD based on the Bank of Canada rate for the calculation of applicable withholding tax and for tax reporting purposes.					
	By signing below, I attest that I am NOT a non-resident of Canada for the purposes of the <i>Income Tax Act</i> (Canada). If I am a non-resident understand my withdrawal is subject to a non-resident withholding tax. I undertake to advise Olympia Trust Company if my status Canadian taxpayer and resident changes. I understand the withdrawal is subject to applicable withholding taxes and fees as outlined in <i>Olympia Trust Company Fee Schedule</i> .					
	I am the owner of the account(s) identified herein and certify all of the information on this direction is true, complete and correct. I understand Olympia may reject my request if the information contained in this direction is not true, complete and correct.					
	I hereby waive, release and forever discharge Olympia from any and all liability that Olympia may have for any losses, costs, damages, expenses, charges, taxes, penalties, assessments, fines, liabilities and obligations that I may suffer, pay or incur and, in addition, agree to indemnify, defend and hold Olympia harmless from and against any losses, costs, damages, expenses, charges, taxes penalties, assessments, fines, liabilities and obligations, including any legal fees and disbursements on a full indemnity basis, any costs incurred in connection with the enforcement of this indemnity and any indirect, incidental, consequential, exemplary, special or punitive losses or damages or loss of profits that Olympia may suffer, pay or incur to the extent arising out of, relating to, this direction or Olympia's reliance thereon.					
	Client Signature Date (mm/dd/yyyy)					

Privacy Notice: In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at www.olympiatrust.com.