



# ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Registered Plans & TFSA Division

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<b>1. Annuitant/ Holder Name</b>	<p style="text-align: center;">Surname _____ Account # _____</p> <p style="text-align: center;">First Name _____ Phone # _____</p> <p style="text-align: center;">Address _____</p>	
<b>2. Contributions</b> <i>(Amount debited from your bank account)</i>	<input type="checkbox"/> One-Time Contribution    Amount: _____ <input type="checkbox"/> Monthly Contributions    Start Date: _____ Amount: _____	
<b>3. Fees</b> <i>(All Fee Payments are subject to applicable taxes)</i>	<input type="checkbox"/> One-Time Fee Payment    Amount: _____ <input type="checkbox"/> Monthly Fee Payment    Start Date: _____ Amount: _____ <input type="checkbox"/> Variable Fee Payment	<p style="color: red;">By signing this Electronic Funds Transfer Authorization (EFT) Form, I authorize Olympia Trust Company ("Olympia") to draw on the account identified below for the Annual Fee and all additional charges for services and products outlined in the Olympia Fee Schedule with respect to the above noted Olympia Account Number(s).</p>
<b>4. Withdrawals</b> <i>(Amount credited to your bank account)</i>	<input type="checkbox"/> One-Time Withdrawal    Amount: _____ <input type="checkbox"/> Variable Withdrawal    Effective Date: _____	<i>(Payment information will be retained for future withdrawals)</i>
<b>5. Bank Account Details</b>  <i>(A VOID cheque must be attached)</i>	Type of Account: <input type="checkbox"/> Personal <input type="checkbox"/> Business Name of Financial Institution: _____  <p style="text-align: center;"><b><u>A VOID cheque must be attached</u></b></p> <p>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 <a href="http://www.payments.ca">www.payments.ca</a>. 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 <a href="http://www.payments.ca">www.payments.ca</a>.</p> <p>Further by signing below, you represent and warrant as follows:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2) That you waive any pre-notification requirements as specified by sections 15 (a) and (b) of the Canadian Payments Associate Rule H1 with regards to recovering amounts directly from your Account in connection with amounts incorrectly credited to your Account.</li> <li>3) That the Company may change its fees schedule by providing you with 30 days prior written notice of such changes. If you do not cancel this authorization during such notice period, this authorization shall continue to be used in conjunction with such revised fee schedule where applicable.</li> <li>4) Where payments, funds transfer or refunds are in relation to personal services (other than business services) this authorization shall be considered a personal pre-authorized debit agreement.</li> </ol>	
<b>6. Client Authorization</b>	<p style="text-align: center;">Name _____ Signature _____ Date _____</p> <p style="text-align: center;">Joint Name _____ Joint Signature _____ Date _____</p>	

**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](http://www.olympiatrust.com).

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