



LETTER OF AUTHORIZATION

Registered Plans & TFSA Division

Fax: 403.776.8679

rrsprocessing@olympiatrust.com

Client Name _____

Account Number(s) _____

Client Address (Street, City, Province, Postal Code) _____

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. This authorization shall be valid until revoked by me in writing to Olympia.

Exempt Market Dealing Representative _____ of _____
(Name) (Company Name)

Exempt Market Dealer _____
(Name of Exempt Market Dealer)

Investment Issuer _____
(Name of Investment Issuer)

I authorize Olympia to terminate the above Investment Issuer Authorization upon completion of the investment purchase (Client initials)

Mortgage Broker / Agent _____ of _____
(Broker / Agent Name) (Brokerage Name)

Other (please specify) _____

Client Signature _____

Date _____

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).

Note – Mutual Fund Dealing Representatives must be authorized using the Olympia Letter of Authorization – Mutual Fund Dealing Representative.

Olympia Use Only – Olympia Agent ID # _____