

TRANSFER AUTHORIZATION FORM

Registered, TFSA, and Corporate/Individual/Joint Accounts

Registered Plans & TFSA Division

1. Client Identification	Last Name	Middle Initial								
	Last Name First Name Middle Initial									
	Street Address									
	City	Prov	ince	Postal Code						
	Social Insurance Number	Residence Tel	lephone Number	Business Telephone Number						
2. Receiving	Olympia Trust Company									
Institution Information	Courier Address:Mailing Address:2200, 125 – 9th Avenue S.E. Calgary, Alberta T2G 0P6PO Box 2581, STN Central, Calgary, Alberta T2P									
	Telephone: 403.770.0001 Toll Free: 1.877.565.0001 Fax: 403.668.8317									
	Olympia Contact Name Client Account Number									
For use by	Name of Dealer									
For use by Mutual Fund										
Dealing Representative	Name of Mutual Fund Dealing Repr Transfer of Mutual Funds:	esentative	Mutual Fund Dea	aling Representative Number						
Only	Canadian Transfers of Mutual Funds	<u>;</u>								
	INTERMEDIARY CODE: OLYM NOTE: Olympia Trust Company can	not accent Mul	tual Funds navable in US d	allars The transfer of mutual						
	funds to Individual or Corporate (no									
Account Type	 Corporate (Non-Registered)** Individual (Non-Registered)** Joint (Non-Registered)** TFSA 	LIRA LRSP RLSP RRSP	RRSP Spousa	I Prescribed RIF RLIF RRIF RRIF Spousal						
	Locked-in Plan Transfer Acknowled			of these locked-in funds to another						
For Locked-in	Olympia Trust Company acknowled all locked-in funds from the register	-	trustee or financial institution will be made only to another registered plan which must continue to be administered in							
Plan Use Only	noted in the Client Direction to		accordance with legislation of the jurisdiction noted. No							
New Brunswick	Relinquishing Institution section below, will transfer of locked-in funds will be permitted u receiving plan is appropriately registered and in c									
Registration #: NBC0599	noted and will continue to be administered with the applicable pension legislation regulation									
	in accordance with the governing pension Income Tax Act (Canada). Olympia appears of Superintendent's List of Financial Institutions author									
Olympia does not hold	Ŭ		administer funds in the Ju							
PEI Legislated										
plans	Governing Legislation		Olympia Trust Compan	ny Date						
2 Client	(province or territory – specify)	1	Authorized Signatory							
3. Client Direction to										
Relinquishing Institution	Relinquishing Institution Name									
	Address	City	Province	Postal Code						
	Client Account / Policy Number:									



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4. Transfer Instructions	1) Full Account Transfer - In-Cash (Liquidate All Assets) 2) Full Account Transfer - In-Kind (Transfer All Assets and Cash AS IS) 3) Partial Account Transfer - Cash Balance Only options) Partial Account Transfer - In-Cash and/or In-Kind as per the below (Please include a signed asset list if additional space is required)									
	Choose One		Identify ONE of the below options							
	In-Cash	In-Kind	\$ Amount (NET)	# of Shares/Units	ALL	Fund Number or Stock Name				
NOTE: Olympia			\$							
Trust Company must be advised			\$							
of any in-kind										
deliveries prior			\$							
to the transfer			\$							
being set up.			\$							
	Transfer of Publicly Traded Securities:									
	Canadian Transfers of Registered Investments									
	FINS # 7815 CUID: QTRD ACCT # Q5K5AGHA DTC: 5009 Canadian Transfers of non-Registered Investments									
	FINS # 7815 CUID: QTRD ACCT # Q5K5AJ1A DTC: 5009									
5. Client	i) I hereby request the transfer of my investment(s) as described above. SIGNATURE GUARANTEED									
Authorization	ii) I understand it is my sole responsibility to ensure this form has been completed AND CERTIFIED TRUE COPY									
	accurately and in full. Any omissions or errors may result in delays due to the OLYMPIA TRUST COMPANY 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 Olympia Trust Company									
	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.									
	I confirm I have attached a recent statement from the relinquishing institution named above.									
	E-Mail									
	Address: (Olympia will email you directly upon receipt of the funds)									
	I hereby authorize the relinquishing institution listed in Section 3 of this Transfer Authorization Form to									
	disclose any/all information regarding this transfer request to Olympia Trust Company.									
	Date: Signature of Client: X									
	Full Name of Client (printed)									
6. For Use By Relinquishing		=	porate (Non-Register	· =	[Prescribed RIF			
Institution	Plan Type	• =	ividual (Non-Registere nt (Non-Registered)	ed) LRSP	L		RIF (Qualified)			
					Ĺ		RIF (Non-Qualified)			
	Spousal P	lan: Spo	ousal Information:							
	No Yes Last Name First Name						SIN			
		Locked in Locked in Funds								
	Funds:	\$			Governing Legislation					
Contact Name Telephone number Fax nu							ber			
	Authorized Signature Amount Transferred									

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 addit 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.olympiatrust.com.