



Deregistration Request

To Process this trade: Fax (403) 261-7523

Date: _____

1. Account Information (Please ensure that each item is completed or the deregistration cannot be executed.)

Client Surname

Olympia Trust Account

Client First Name

S.I.N.

2. Deregistration Details

A. Check One Only:

- Full De-registration
- \$ _____ Partial – Gross (amount will be REDUCED by any fees and withholding tax)
- \$ _____ Partial – Net (amount required AFTER any fees and withholding tax have been taken off)

B. Mailing Instructions (if different from client account address)

- Direct Deposit (Attach a VOID Cheque)
- Mail
- Pick-up

For Internal Use Only

1. Fees to be withheld \$ _____

2. Withholding Tax Calculation \$ _____

Tax % _____

3. Authorization

Client Authorization is Mandatory

X _____
Client Signature

X _____
Witness Signature

Witness Name (please print)

Review your trade confirmations and advise Olympia Trust Company of errors and/or omissions immediately.