

1. Account Information (Please ensure that each item is completed)

Annuitant or Holder Surname	Olympia Trust Account
Annuitant or Holder First Name	S.I.N.

2. Annuitant or Holder Address (New)

Address

City	Province	Postal Code	() Resident Telephone Number
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3. Contributions (Pre-Authorized Cheques)

I authorize Olympia Trust Company to withdraw \$ _____ on the 1st day or 15th day of every month starting _____
MM YY

Institution Transit Account _____

A void cheque must be attached. Should you wish to discontinue the withdrawal, written notification is required.

4. Beneficiary Designation

NOTE: The Annuitant or Holder is cautioned to seek professional advice prior to completing the following beneficiary designation regarding the income tax consequences of designating any particular beneficiary and the testamentary effect of this form under the laws of the Annuitant or Holder's domicile, including its effect in respect of any prior or subsequent Will or testamentary instrument. This form of beneficiary designation may not be effective if a Locked-In Supplement is attached to the Plan.

This beneficiary designation is made pursuant to the plan. I hereby revoke any previous designation of beneficiary with respects to my interest in the Plan.

Name of Beneficiary: _____ Relationship to Me: _____

NOTE: When changing an existing account beneficiary, this document must be witnessed. The witness cannot be the person named as the new beneficiary. The original document must be MAILED directly to Olympia Trust Company at the address provided below. We are unable to accept a fax or scan for a beneficiary addition or change.

5. RRIF / LIF / LRIF / RLIF Withdrawal

- A. Amount: Minimum Maximum (LIF/LRIF/RLIF only) Other (subject to allowable limits) _____
- B. Cash or In-Kind (Processed only on an annual basis)
- C. Frequency Quarterly (March, June, September & December) Semi-Annually (months of _____ & _____)
 Annually (on the 15th day of the month of _____)
- D. Base the RIF payouts on spouse's age Name: _____ Birthdate: _____ S.I.N. _____
- E. Direct Deposit Institution Transit Account _____

A VOID CHEQUE MUST BE ATTACHED

6. Authorization

X _____
Annuitant or Holder Signature

X _____
Witness Signature

Date

Witness Name (please print)