Client Information Change Form

Fax (403) 261-7523

OLYMPIA TRUST COMPANY

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 ______________________

( ) Resident Telephone Number

( ) Business Telephone Number

City ____________ Province ____________ Postal Code ____________

Email Address: ______________________

3a. 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 respect to my interest in the Plan.

Name of Beneficiary: ______________________ Relationship to Me: ______________________

3b. Successor Holder *(Tax Free Savings Accounts Only)*

In order to maintain the tax-free status of the earnings, I elect to make my current spouse or common-law partner a successor account holder under my TFSA. I hereby designate in the event of my death my spouse/common-law partner as the successor holder for my TFSA if, on the date of my death, he or she is (i) alive and (ii) my spouse or common-law partner.

Name of Spouse / Common-law Partner ______________________

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.

4. 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 (__________ , __________ , __________, __________)

☐ Semi-Annually (months of __________ & __________)

☐ Annually ______________ (month)

D. Payment Date ☐ 1st of the Month ☐ 15th of the Month

E. Specific Tax Rate (if desired) __________%

F. ☐ Base the RIF payouts on spouse's age:

Name ______________ S.I.N. ______________ Date of Birth Month / Day / Year ______________

G. ☐ EFT (Electronic Fund Transfer) *Please complete the attached Pre-Authorized Debit/Credit/Refund Agreement Form*

5. Authorization

X ______________________ Annuitant or Holder Signature

X ______________________ Witness Signature

Date ______________________

Witness Name (*please print*) ______________________

2200, 125 – 9th Avenue SE, Calgary, AB T2G 0P6 (403) 770-0001 Toll Free 1-877-565-0001

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 and the safeguarding 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.

Version 09—2011

OLYMPIA TRUST COMPANY

PRE-AUTHORIZED DEBITS / CREDITS / REFUNDS (PAD'S) AGREEMENT

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 a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. 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 PAD that is not authorized or is not consistent with this PAD 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 www.cdnpay.ca

Further by signing below, you represent and warrant as follows:

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;
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.
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.
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.

Date:____________________ Plan/Account Number(s): [ ] [ ] [ ] [ ]

Annutant/Holder Name: [ ]

Annuitant/Holder Address: [ ]

Phone Number: [ ] E-Mail Address: [ ]

1. FREQUENCY:

☐ One-Time Specific Amount of: $ ______________________________. Mortgagor Name: [ ]

☐ Variable Amount.

☐ Yearly Annual Fee of $125.00 plus GST/HST effective: ______________________. (Default Option if left blank).

☐ Monthly Contribution: Start Date __________________________ Amount $ ___________________

☐ Mortgage Frequency __________________ Start Date _____________________ Amount _________________.

2. PAD CATEGORY (*VISA/MC CANNOT BE USED FOR CONTRIBUTIONS)*

[ ] FEE PAYMENT (Personal) [ ] MORTGAGE PAYMENT (Personal) [ ] CONTRIBUTION (Funds Transfer)

3. PAYMENT TYPE

[ ] DEBIT (Fee Payment/Mortgage Payment/Contribution) [ ] CREDIT (Deregistration/TFSA Withdrawal/RIF Payment/RESP EAP Request)

3-A. PAYMENT OPTION 1: (*VISA/MC CANNOT BE USED FOR CONTRIBUTIONS)*

VISA/MASTERCARD NUMBER: EXPIRY DATE:

3-B. PAYMENT OPTION 2:

Financial Institution Name:____ Branch Address: ______________________________________

Institution # [ ][ ][ ] Transit # [ ][ ][ ][ ][ ] Account # ____

Type of Service: [ ] Personal [ ] Business **PLEASE INCLUDE A VOID CHEQUE**

NAME: ________________________________ **SIGNATURE:** ____

NAME: ________________________________ **JOINT SIGNATURE** (if applicable): ______________________________

OLYMPIA TRUST COMPANY - REGISTERED PLANS & TFSA DIVISION Fax: (403) 261-7523 Phone: (403) 770-0001
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