OLYMPIA TRUST COMPANY

2200, 125 – 9th Avenue S.E., Calgary, Alberta T2G 0P6
Telephone: (403) 770-0001 Fax: 668-8361 E-mail: rrspinfo@olympiatrust.com

VISA / MASTERCARD OR EFT AUTHORIZATION
OPTION FOR PAYMENT OF YEARLY FEES
Registered Plans & TFSA Division

Annuitant/Holder Name:

Annuitant/Holder Account Number(s): # # #

Please:
[ ] Debit my account ONE-TIME for the FEE amount of: $

[ ] Retain the information on file to be used to pay the ENTIRE Yearly Fee effective:
(Default Option if left blank)

Day Phone Number or E-Mail Address:

I hereby authorize Olympia Trust Company ("OTC") to charge the credit card identified below for the annual fees, and any other outstanding fees, applicable under its Fee Schedule for administration of my Account(s) due annually. As outlined in the various OTC Declaration of Trust(s), I understand that I will receive thirty (30) days notice of any change to the OTC Fee Schedule. By giving this annual credit card payment authorization, I understand that I am giving OTC authorization to change the amount of annual fees charged to my credit card. I may revoke this authorization at anytime in writing; subject to providing 10 business days notice. I agree to immediately notify OTC if my credit card details change at any time. Interest and additional charges may apply to any failed credit card payment authorization.

VISA/MASTERCARD NUMBER:

EXPIRY DATE:

MM **YY**

NAME ON CARD **SIGNATURE** **DATE**

I (we) hereby authorize Olympia Trust Company ("OTC") to debit from the bank account identified below for the annual fees, and any other outstanding fees, applicable under its Fee Schedule for administration of my Account(s) due annually. As outlined in the various OTC Declaration of Trust(s), I understand that I will receive thirty (30) days notice of any change to the OTC Fee Schedule**.** I agree to immediately notify OTC if my account details change at anytime. Interest and additional charges may apply to any failed EFT. I may revoke this authorization at any time in writing; subject to providing 10 business days notice. You have certain recourse rights if any debit does not comply with this agreement, For example, you have the right to receive reimbursement for any debit that is not authorize**d or** is not consistent with the PAD Agreement**.** To obtain more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca. **By signing this form you waive any pre-notification requirements as specified by sections 15 (a) and (b) of the Canadian Payments Associate Rule H1 with regards to pre-authorized debits**

********** VOID CHEQUE MUST BE ATTACHED **********

5 DIGIT TRANSIT **INSTITUTION** **BANK ACCOUNT**

PRINT NAME **SIGNATURE** **DATE**

PRINT NAME **SIGNATURE** **DATE**