



Tax-Free Savings Account

Transfer Authorization

A: Holder Identification

| | | | |
|--------------------------------|--------------------------------|------------------------------------|-------------|
| Holder Last Name | First Name | Init. | |
| Address | City | Province | Postal Code |
| Social Insurance Number - - | Home Telephone Number () - | Business Telephone Number () - | |

B: Receiving Institution Information

Olympia Trust Company Holder TFSA

2200, 125 – 9th Avenue SE, Calgary, Alberta T2G 0P6

Telephone: (403) 770-0001 Fax: (403) 261-7523

Olympia Trust Contact Name:

C: Holder Direction to Relinquishing Institution

Relinquishing Institution Name

| | | | |
|---------|------|----------|-------------|
| Address | City | Province | Postal Code |
|---------|------|----------|-------------|

Account/Plan Number

Transfer of Publicly Traded Securities

Canadian Transfers
 FINS # 7815 CUID: QTRD
 ACCT # Q5K5AGHA DTC: 5009

*Olympia Trust Company
 must be advised of any deliveries
 to our account at Qtrade Securities Inc.
 prior to the transfer being set up*

Transfer the following: (choose one)

- A. **Full Account:** In-Cash In-Kind
- B. **Partial In-Cash \$** _____ NET (must complete below area)
- C. **Partial In-Kind \$** _____ NET (must complete below area)

| | | DOLLAR AMOUNT OR ALL | FUND NUMBER OR STOCK NAME |
|----------------------------------|----------------------------------|----------------------|---------------------------|
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |
| <input type="checkbox"/> In-Cash | <input type="checkbox"/> In-Kind | \$ ALL | |

D: Holder Authorization

i) hereby request the transfer of my investments as described above.

ii) I understand that it is my sole responsibility to ensure that this form has been completed accurately and in full. Any omissions or errors may result in delays due to the 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 adjustments.

I confirm that I have attached a recent statement from the relinquishing institution named above.

E-Mail Address: _____ (Olympia will e-mail you upon receipt of the funds)

Date: _____ Signature of Holder: X _____

E: For Use By Relinquishing Institution Only

| | | |
|--------------|---------------------------|----------------------|
| Contact Name | Telephone Number () - | Fax Number () - |
| Date | Amount Transferred \$ | Authorized Signature |

Copy 1 – Relinquishing Institution's Copy Copy 2 – Received Institution's Copy Copy 3 – Client's Copy

"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.olympiustrust.com.