

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

Client Surname \_\_\_\_\_ Olympia Trust Account \_\_\_\_\_

Client First Name \_\_\_\_\_ S.I.N. \_\_\_\_\_

**2. Client Address (New)**

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Resident Telephone Number

**3. Contributions (Pre Authorized Cheques)**

I authorize Olympia Trust Company to withdraw \$ \_\_\_\_\_ on the 1<sup>st</sup> day of every month starting \_\_\_\_\_  
MM YY

Bank Name: \_\_\_\_\_ 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 Planholder 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 Planholder'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: \_\_\_\_\_

**5. RRIF / LIF / LRIF Withdrawal**

A. Amount:  Minimum  Maximum (LRIF / LIF 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 15<sup>th</sup> day of the month of \_\_\_\_\_)

D.  Base the RIF payouts on spouse's age (Section 3 must be completed if checked)

E.  Direct Deposit Bank Name: \_\_\_\_\_ Institution # \_\_\_\_\_

Transit # \_\_\_\_\_ Account # \_\_\_\_\_

**A VOID CHEQUE MUST BE ATTACHED.**

**6. Client Authorization**

X \_\_\_\_\_  
Client Signature

X \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name