



1810, 125 – 9th Avenue S.E., Calgary, Alberta T2G 0P6
Telephone: (403) 770-0001 Fax: 261-7523

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

Annuitant Name:

Annuitant 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 OTC Declaration of Trust, 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 cancel this authorization by providing OTC at least thirty (30) days advance notice of cancellation before December 31. I agree to immediately notify OTC if my credit card details change at anytime. Interest and additional charges may apply to any failed credit card payment authorization.

VISA/MASTERCARD NUMBER:

EXPIRY DATE:
 /
MM YY

NAME ON CARD

SIGNATURE

I (we) hereby authorize Olympia Trust Company ("OTC") to withdraw funds through Electronic Funds Transfer ("EFT") 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 OTC Declaration of Trust, I understand that I will receive thirty (30) days notice of any change to the OTC Fee Schedule. By giving this EFT authorization, I understand that I am giving OTC authorization to change the amount of annual fees charged to my bank account. I may cancel this authorization by providing OTC at least thirty (30) days advance notice of cancellation before December 31. I agree to immediately notify OTC if my account details change at anytime. Interest and additional charges may apply to any failed EFT.

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

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5 DIGIT TRANSIT INSTITUTION BANK ACCOUNT

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE