



# Tax-Free Savings Account Withdrawal Request

To Process the Request: Fax (403) 261-7523

**1. Account Information** (Please ensure that each item is completed or the withdrawal cannot be executed.)

Holder Surname

TFSA #

Holder First Name

S.I.N.

Address

City Province Postal Code

**2. Withdrawal Details**

A. Check One Only

- Full Withdrawal
- Partial Withdrawal \$ \_\_\_\_\_

B. Delivery Instructions

- Mail
- Pick-up
- EFT (Electronic Funds Transfer) Please complete the attached Pre-Authorized Debit/Credit/Refund Agreement Form

**Fees**

Partial Withdrawal	\$25 (+ applicable Taxes)
Full Withdrawal	\$125 (+ applicable Taxes.)

**3. Authorization**

X  
Holder's Signature

Date

**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](http://www.olympiatrust.com).

2200, 125 – 9<sup>th</sup> Avenue SE, Calgary, AB T2G 0P6 (Toll-Free 1-877-565-0001)

