



**TAX-FREE SAVINGS ACCOUNT
(TFSA)**

Plan Number: _____

2200, 125 – 9 Avenue SE Calgary, AB T2G 0P6 Phone: (403) 770-0001 Fax: (403) 261-7523
Toll Free 1-877-565-0001 E-mail : rrspinfo@olympiatruster.com

1. Holder Information (Please ensure that each section is completed)

Last Name

First Name

Address

City

Postal Code

E-Mail Address

Middle Name

Province

SIN

Date of Birth Month/Day/Year

Residence Telephone Number

Business Telephone Number

Cellular Number

Fax Number

2. Beneficiary Designation

a. Designation of Successor Holder

Successor Holder: In order to maintain the tax-free status of the earnings, I may elect to make my current spouse or common-law partner a successor account holder under my TFSA.

I hereby designate in the event of my death my spouse/common-law partner as the successor holder for my TFSA if, on the date of my death, he or she is (i) alive and (ii) my spouse or common-law partner.

Name of Spouse / Common-law partner	Social Insurance Number	Initials

b. Designation of Beneficiary

Subject to applicable law, I designate the person named below as beneficiary of my Plan. If my designated beneficiary predeceases me and no other beneficiary has been appointed, payment will be made to my estate. I reserve the right to revoke this designation, in writing, at any time.

Name of Beneficiary	Relationship	Social Insurance Number	Initials

3. Canadian Public Issuers Mailings: Shareholder Communication Information

Under Canadian provincial securities laws, you are entitled to receive a copy of all security holder materials from Canadian public issuers whose securities you hold. You can choose not to receive certain types of security holder materials. This includes financial statements and proxy related materials for meetings where "routine" business is conducted. However, it excludes proxy-related materials for meetings where "non-routine" business is conducted. I have read and understand the "Shareholder Communication Information" that you have provided to me and the choices indicated by me apply to securities of all Canadian reporting issuers held in this account.

PART 1 – DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION

Please mark the corresponding box to show whether you **DO NOT OBJECT** or **OBJECT** to us disclosing your name, address, electronic mail address, securities holdings and preferred language of communication to Canadian issuers of securities you hold with us and to other persons or companies in accordance with Canadian provincial securities law.

- I DO NOT OBJECT to you disclosing the information described above.
 I OBJECT to you disclosing the information described above.

PART 2 – RECEIVING SECURITY HOLDER MATERIALS

Please mark the corresponding box to show whether you **WANT** to receive ALL materials sent to beneficial owners of securities or whether you **DECLINE** to receive certain materials.

- I WANT to receive ALL security holder materials sent to beneficial owners of securities.
 I DECLINE to receive all of the following materials: (a) proxy-related materials that are sent in connection with a security holder meeting at which only "routine business" is to be conducted; (b) financial statements and annual reports that are not part of proxy-related materials; and (c) materials sent to security holders that are not required by corporate or securities law to be sent. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense).

4. Plan Holder Authorization and Acceptance

- (i) I acknowledge that this is a request for Olympia Trust Company to file an election to register the account under the *Income Tax Act (Canada)* and if applicable, under the Taxation Act (Quebec) as a Tax-Free Savings Account. I certify that the information contained in this Plan Application is true and correct, and that I have read and am bound by the attached Declaration of Trust that governs my Plan.
- (ii) I acknowledge that Olympia Trust Company is not in the business of providing investment advice and does not provide direction or advice with respect to the purchase of any security or other form of investment. I understand that prior to investing I should assess the risk associated with any investments in order to make an informed decision. I understand that if I have any questions or doubts about a particular investment, it is my sole responsibility to obtain independent advice from a qualified professional.
- (iii) I understand that Olympia Trust Company has the right to reject an order if the proper documentation is not in place or if the investment is not eligible.
- (iv) I understand that Olympia Trust Company is a non-deposit taking Trust Company. Any cash held in Trust is non-interest bearing.
- (v) I understand that I am responsible for all commissions and fees as outlined in the Olympia Trust Company Fee Schedule. In addition, I understand that Olympia Trust Company can sell securities in my account or otherwise deduct from my account any amounts owing to them.
- (vi) I understand that it is my responsibility to notify Olympia Trust Company in writing of any errors or omissions within the time limits specified on the statements or other notices.
- (vii) I acknowledge that I will advise Olympia Trust Company of any changes to my account.
- (viii) I acknowledge that I must advise Olympia Trust Company if I cease to be a resident of Canada.
- (ix) I understand that I may be liable for certain tax consequences arising in connection with a non-compliant qualifying arrangement.
- (x) I acknowledge that the arrangement is not considered a qualifying arrangement if I, the holder, have not attained the age of 18 years.
- (xi) I acknowledge that, in circumstances where this application form is signed prior to January 1, 2009, my arrangement will not come into effect until January 1, 2009 and no contributions may be made until 2009.
- (xii) I hereby acknowledge and agree that all telephone calls to and from Olympia Trust Company ("Olympia") may be recorded for training purposes. By recording the telephone calls, Olympia may collect personal information about me. I hereby consent to Olympia recording all telephone calls for training purposes

X

Plan Holder Signature

Date

Accepted By Olympia Trust Company

Date

Privacy Notice

At Olympia Trust Company, we take privacy seriously. In providing services to you, we receive nonpublic, 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