

# LETTER OF AUTHORIZATION

Olympia Trust Company  
2200, 125 – 9 Avenue SE  
Calgary, AB  
T2G 0P6

Attention: Registered Plans & TFSA Division  
Phone: (403) 770-0001 or 1-877-565-0001  
Fax: (403) 261-7523  
[rrspinfo@olympiatrust.com](mailto:rrspinfo@olympiatrust.com)

\*\*\*\*\*

By completing this form, I acknowledge and agree that I am authorizing another individual or corporation to obtain personal and financial information about me which information is currently held by Olympia Trust Company (“Olympia”). This Letter of Authorization shall apply to all plans which I have with Olympia (the “Plans”).

I hereby authorize Olympia to provide the following individual or corporation all requested personal and financial information relating to my Plans:

**ALTA PACIFIC MORTGAGE INVESTMENT CORP**  
(Name of Individual or Corporation)

I acknowledge and agree that this Letter of Authorization will continue to be valid until I provide written instructions to Olympia to terminate or modify this Letter of Authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Annuitant or Holder Signature

\_\_\_\_\_  
Annuitant or Holder Name

*The personal information collected on this form will be used by Olympia to process your request for someone else to be authorized to obtain personal and financial information about you which information is currently held by Olympia. All personal information collected by Olympia is subject to our Privacy Policy, a copy of which is available for your review on our website ([www.olympiatrust.com](http://www.olympiatrust.com)).*

\*\*\*\*\*

## **TERMINATION OF EXISTING LETTER OF AUTHORIZATION**

I hereby terminate the Letter of Authorization previously provided to Olympia which gave the following individual or corporation the ability to obtain personal or financial information about me from Olympia:

\_\_\_\_\_  
(Name of Individual or Corporation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Annuitant or Holder Signature

\_\_\_\_\_  
Annuitant or Holder Name