



Transfer Authorization for Registered Investments

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, and RIF to RIF transfers. This form may be used in place of T2033(e).

A: Client Identification

Account/Policy Holder Last Name		First Name	Init.
Address		City	Province
Social Insurance Number		Home Telephone Number	Business Telephone Number
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B: Receiving Institution Information

Olympia Trust Company Client S/D #

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

Olympia Trust Contact Name:

Registered Type:

<input type="checkbox"/> RRSP	<input type="checkbox"/> LRSP	<input type="checkbox"/> RRIF	<input type="checkbox"/> LIF
<input type="checkbox"/> RRSP Spousal	<input type="checkbox"/> RLSP	<input type="checkbox"/> RRIF Spousal	<input type="checkbox"/> RLIF
<input type="checkbox"/> LIRA	<input type="checkbox"/> NEW LIF	<input type="checkbox"/> LRIF	<input type="checkbox"/> Prescribed RIF

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name

Address City Province Postal Code

Client Account/Policy Number

Transfer of Publicly Traded Securities

Canadian Transfers
 FINS # 7815 CUID: QTRD
 ACCT # Q5K5AGHA DTC: 5009
Olympia Trust Company
must be advised of any deliveries to our account at Penson Financial Services Canada Inc. prior to the transfer being set up.

Transfer the following: (choose one)

- A. Full Account:** In-Cash In-Kind
- B. Partial In-Cash \$** _____ (must complete below area)
- C. Partial In-Kind \$** _____ (must complete below area)
- D.**

	DOLLAR AMOUNT OR ALL	FUND NUMBER OR STOCK NAME
<input type="checkbox"/> In-Cash <input type="checkbox"/> In-Kind	\$ ALL	
<input type="checkbox"/> In-Cash <input type="checkbox"/> In-Kind	\$ ALL	
<input type="checkbox"/> In-Cash <input type="checkbox"/> In-Kind	\$ ALL	
<input type="checkbox"/> In-Cash <input type="checkbox"/> In-Kind	\$ ALL	

D: Client Authorization

i) I hereby request the transfer of my investments as described above.

ii) I understand that it is my sole responsibility to ensure that this form has been completed accurately and in full. Any omissions or errors may result in delays due to the rejection of the transfer by the other institution.

iii) Where I have requested to transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

I confirm that I have attached a recent statement from the relinquishing institution named above.

E-Mail Address: _____ (Olympia will e-mail you upon receipt of the funds from the other institution)

Date: _____ Signature of Account Holder: X_____

E: For Use By Relinquishing Institution Only

Registered Type:

<input type="checkbox"/> RRSP	<input type="checkbox"/> RRIF	<input type="checkbox"/> LRIF	<input type="checkbox"/> RLIF
<input type="checkbox"/> LIRA	<input type="checkbox"/> O Qualified	<input type="checkbox"/> LIF	<input type="checkbox"/> RLSP
<input type="checkbox"/> LRSP	<input type="checkbox"/> O Non-Qualified	<input type="checkbox"/> NEW LIF	<input type="checkbox"/> Prescribed RIF

Spousal Plan: Last Name First Name Init.
 No Yes if yes:

Locked In: Lock-In Funds Governing Legislation Social Insurance Number (Spouse)
 No Yes if yes: \$ - -

Contact Name Telephone Number Fax Number
 () - () -

Date Amount Transferred Authorized Signature
 \$