



Tax-Free Savings Account Transfer Authorization

A: Holder Identification

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

Olympia Trust Company Holder TSFA
 1810, 125 - 9th Avenue SE, Calgary, Alberta T2G 0P6
 Telephone: (403) 770-0001 Fax: (403) 261-7523
 Olympia Trust Contact Name:

C: Holder Direction to Relinquishing Institution

Relinquishing Institution Name

Address	City	Province	Postal Code
Account/Plan 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	
<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: Holder 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)

Date: _____ Signature of Holder: X _____

E: For Use By Relinquishing Institution Only

Contact Name	Telephone Number	Fax Number
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Date	Amount Transferred	Authorized Signature
	\$	