



# 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	Postal Code
Social Insurance Number	Home Telephone Number	Business Telephone Number	
- -	( ) -	( ) -	

## B: Receiving Institution Information

**Olympia Trust Company** Client S/D #

1810, 125 - 9<sup>th</sup> 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 Penon  
 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)

Date: \_\_\_\_\_ Signature of Account Holder: X \_\_\_\_\_

## E: For Use By Relinquishing Institution Only

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

<b>Spousal Plan:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes if yes:	Last Name	First Name	Init.
<b>Locked In:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes if yes:	Lock-In Funds	Governing Legislation	Social Insurance Number (Spouse)
Contact Name	Telephone Number	Fax Number	
Date	Amount Transferred	Authorized Signature	
	\$		