



Wire Transfer Information Request

Registered Plans & TFSA Division

To wire funds to you, the following information is required. Please complete this form in full and return to:

Mailing Address:

Olympia Trust Company
Registered Plans & TFSA Division
PO Box 2581, STN Central
Calgary, AB T2P 1C8

Courier Address:

Olympia Trust Company
Registered Plans & TFSA Division
4000 - 520 3 Ave SW
Calgary, AB T2P 0R3

Email: rrspinfo@olympiatrust.com

Fax: (403) 261-7523

1. Company Information	<p>_____ <input type="checkbox"/> In Trust</p> <p>Company Name</p> <p>_____</p> <p>Company Address (street, city, province, postal code)</p>												
2. Account Information	<p>_____</p> <p>Bank Name</p> <p>_____</p> <p>Bank Address (street, city, province, postal code)</p> <table border="1"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> <p>Institution Number Transit Number Account Number</p> <p><u>A VOID cheque or wire instruction sheet from the financial institution must be attached</u></p>												
3. Authorization	<p>Please note, it is your responsibility to ensure the information provided is correct. By signing below, you represent and warrant that you will not hold Olympia Trust Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or your financial institution due to an error on the part of your financial institution in depositing funds to your account.</p> <table><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Name of Authorized Signatory</td><td>Signature of Authorized Signatory</td><td>Date (mm/dd/yyyy)</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Name of Authorized Signatory</td><td>Signature of Authorized Signatory</td><td>Date (mm/dd/yyyy)</td></tr></table>	_____	_____	_____	Name of Authorized Signatory	Signature of Authorized Signatory	Date (mm/dd/yyyy)	_____	_____	_____	Name of Authorized Signatory	Signature of Authorized Signatory	Date (mm/dd/yyyy)
_____	_____	_____											
Name of Authorized Signatory	Signature of Authorized Signatory	Date (mm/dd/yyyy)											
_____	_____	_____											
Name of Authorized Signatory	Signature of Authorized Signatory	Date (mm/dd/yyyy)											

Privacy Notice: In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at www.olympiatrust.com.

OLYMPIA USE ONLY	
Payee ID: _____	Template Name (8-character restriction): _____
Set Up by: _____	Date: _____