



**Letter of Authorization**  
Registered Plans & TFSA Division  
Fax: 403.776.8679  
rrsprocessing@olympiatrust.com

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Client Name

Account Number(s)

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Client Address *(Street, City, Province, Postal Code)*

**Only complete if you want another person to obtain personal and financial information about you.**

Throughout this Letter of Authorization, the words “you”, “your” and “yours” mean the Client. The words “we”, “us” and “our” mean Olympia Trust Company.

You authorize us to disclose to the individual indicated below all requested personal and financial information relating to your accounts.

This Letter of Authorization shall apply to all of the accounts that you have with Olympia.

**Ending this Letter of Authorization**

You agree that this Letter of Authorization is binding on you as well as on your heirs, executors, administrators, successors and assigns. We will continue to deal with the individual indicated below until this Letter of Authorization is ended by our actually having received either your written notice of revocation or proof of your death.

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Name of Authorized Individual

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Client Signature

Date *(mm/dd/yyyy)*

*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).*