



# Plan Application

Account Number: \_\_\_\_\_

- Olympia Trust Company Self-Directed Retirement Savings Plan
- Olympia Trust Company Self-Directed Retirement Income Fund

## 1. Annuitant Information (please ensure that each item is completed.)

Last Name _____		S.I.N. _____
First Name (Please use legal name) _____	Middle Name(s) _____	Date of Birth Month / Day / Year _____
Address _____		Residence Telephone Number _____
City _____	Province _____	Postal Code _____
Business Telephone Number _____		Cellular Number _____
Fax Number _____		_____
Email _____		

## 2. Plan Information

- A. Plan Type (check one):  RSP  Spousal RSP  LRSP/LIRA  RIF  Spousal RIF  Prescribed RIF  LRIF  
 New LIF (ONT)  RLIF  RLSP
- B. For Locked-In Plans – Applicable Pension Legislation (check one).  
 BC  AB  SK  MB  ON  Quebec  Federal
- C. For Alberta Legislation only – I am:  
 the original owner  a surviving pension partner owner  a non-member-pension partner
- D. For RIFs and LIFs Only (check if applicable)  
 Deposits are from a RIF established prior to 1993 (separate applications are required to keep pre-1993 and post-1992 deposits separate)

## 3. Contributor Information (Must be completed for a spousal plan)

Last Name _____		S.I.N. _____
First Name _____	Initial _____	Date of Birth Month / Day / Year _____

## 4. RIF/LIF/LRIF Withdrawal

- A. Amount:  Minimum  Maximum (LRIF/LIF only)  Other (subject to allowable limits) \_\_\_\_\_
- B.  Cash or  In-Kind (Processed only on an annual basis)
- C. Frequency:  Quarterly (\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)  Semi-Annually (months of \_\_\_\_\_ & \_\_\_\_\_)  
 Annually
- D. Payment Date  1<sup>st</sup> of the Month  15<sup>th</sup> of the Month
- E.  Base the RIF payouts on spouse's age:

Name _____	S.I.N. _____	Date of Birth Month / Day / Year _____
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F.  Direct Deposit (attach VOID cheque) Bank Name: \_\_\_\_\_ Institution Number:     
 Transit #      Account # \_\_\_\_\_

## 5. Beneficiary Designation (Optional)

I designate the person named below as beneficiary of my Plan if that person is living at the date of my death. I reserve the right to revoke this designation.:

Name of Beneficiary: \_\_\_\_\_  
 Relationship to Me: \_\_\_\_\_ Initials of Annuitant \_\_\_\_\_

This designation may not be valid in all provinces. If the beneficiary is not living at the date of death, or in the absence of a designated beneficiary on this form or in your will, the proceeds of this Plan will be paid to your estate.

- (For RIF, LIF or LRIF only, please check if applicable) I elect that my spouse continue to receive the payments as successor annuitant under the relevant Fund, provided the Fund is still active on my death or until the Fund ceases.

**6. Canadian Public Issuers Mailings**

Under Canadian provincial securities laws, you are entitled to receive a copy of all security holder materials from Canadian public issuers whose securities you hold. You can choose not to receive certain types of securityholder materials. This includes financial statements and proxy related materials for meetings where "routine" business is conducted. However, it excludes proxy-related materials for meetings where "non-routine" business is conducted.

I have read and understand the "Shareholder Communication Information" that you have provided to me and the choices indicated by me apply to securities of all Canadian reporting issuers held in this account.

**PART 1 – DISCLOSURE OF BENEFICIAL OWNERSHIP INFORMATION**

Please mark the corresponding box to show whether you DO NOT OBJECT or OBJECT to us disclosing your name, address, electronic mail address, securities holdings and preferred language of communication to Canadian issuers of securities you hold with us and to other persons or companies in accordance with Canadian provincial securities law.

- I DO NOT OBJECT to you disclosing the information described above.
- I OBJECT to you disclosing the information described above.

**PART 2 – RECEIVING SECURITY HOLDER MATERIALS**

Please mark the corresponding box to show whether you WANT to receive ALL materials sent to beneficial owners of securities or whether you DECLINE to receive certain materials

- I WANT to receive ALL security holder materials sent to beneficial owners of securities.
- I DECLINE to receive all of the following materials: (a) proxy-related materials that are sent in connection with a securityholder meeting at which only "routine business" is to be conducted; (b) financial statements and annual reports that are not part of proxy-related materials; and (c) materials sent to securityholders that are not required by corporate or securities law to be sent. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense).

**PART 3 – CONSENT TO MAILING COST**

This section must be completed only if you have marked the "I OBJECT" box in PART 1 of this form. If this section is not completed you will be DEFAULTED to "I DO NOT WISH TO PAY". If you have marked the "I DO NOT OBJECT" box in PART 1 of this form, you are NOT subject to any mailing costs and are not required to complete this section.

- I WISH TO PAY for the delivery to me of any securityholder materials that I may be entitled to receive under Canadian provincial securities legislation IF the Canadian reporting issuer or other party initiating the mailing has refused to pay the cost of delivery.
- I DO NOT WISH TO PAY for the delivery to me of any securityholder materials that I may be entitled to receive under Canadian provincial securities legislation IF the Canadian reporting issuer or other party initiating the mailing has refused to pay the cost of delivery. I understand that I will not receive mailings for which the Canadian reporting issuer or other party initiating the mailing has refused to pay the cost of deliver. This could include non-routine and significant corporation action related mailings. (DEFAULT CHOICE)

**7. Confirmation of Application**

To: Olympia Trust Company

Please apply for registration of the Olympia Trust Company Self-Directed Retirement Savings Plan, or Olympia Trust Company Self-Directed Retirement Income Fund, under the *Income Tax Act (Canada)* and if applicable, under the Taxation Act (Quebec) as: (a) a Retirement Savings Plan if I have selected RSP, Spousal RSP, or locked-in RSP/LIRA, as my plan type; or (b) a Retirement Income Fund if I have selected RIF, Spousal RIF, Prescribed RIF, LIF or LRIF as my plan type. I certify that the information contained in this Plan Application is true and correct, and that I have read and am bound by the attached Declaration of Trust that governs my Plan and any applicable Locking-in Supplements. I understand that it is my responsibility to arrange for the transfer of assets to my Plan from any predecessor retirement plan or other permitted source.

X \_\_\_\_\_  
 Annuitant Signature

\_\_\_\_\_

Authorized Olympia Trust Company Signing Officer

\_\_\_\_\_ Date

**8. Terms and Conditions**

In consideration of the Trustee accepting this account, I agree that:

- a) The Trustee has the right to reject an order if the proper documentation is not in place or if the investment is not RSP-eligible.
- b) I am responsible for all commissions payable in respect of my orders.
- c) I will pay the Trustee any amounts owing to them and any fees as outlined in the Olympia Trust Company Fee Schedule. In addition, the Trustee can sell securities in my account or otherwise deduct from my account any amounts owing to them.
- d) I will notify Olympia Trust Company in writing about any errors or omissions within the time limits specified on confirmations, statements or other notices.
- e) I will advise Olympia Trust Company of any changes to my account in writing.
- f) I understand that Olympia Trust Company is a non-deposit taking Trust Company. Any cash held in Trust is non-interest bearing.

X \_\_\_\_\_  
 Annuitant Signature

\_\_\_\_\_ Date