

ODYSSEY TRUST COMPANY



Transfer Authorization Form

SECTION I

CLIENT / ANNUITANT / HOLDER INFORMATION

Last Name		First Name and Initials		Social Insurance Number	
Street Address		Unit #	City, Town		Province AB
Postal Code	Email Address*		Home Phone	Cell Phone	

* By providing your email address you consent to the electronic delivery of future communications related to your account. Should you wish to revoke this consent you can do so by contacting registeredplans@odysseytrust.com.

RECEIVING INSTITUTION

Name of Receiving Institution			Account Number		
Odyssey Trust Company					
Street Address	Employee and Registered Plans Stock Exchange Tower 1230, 300 5 th Avenue SW	City / Town	Calgary	Province	Alberta
				Postal Code	T2P 3C4

CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Name of Relinquishing Institution			Account Number		
Street Address			City, Town or Post Office		Province AB
					Postal Code

Type of Account (select one):	Regular Retirement Savings Plan (RSP)	Regular Retirement Income Fund (RIF)	Life Income Fund (LIF)
	Spousal RSP	Spousal RIF	Locked-in RIF (LRIF)
	Locked-in RSP / Locked-in Retirement Account (LIRA)	Prescribed RIF (PRIF)	Restricted LIF (RLIF)
	Tax Free Savings Account (TFSA)		

Note: Odyssey Trust Company is not currently accepting Mutual Funds or Mortgages

Transfer (select one):	All in Cash - All assets in the account to be liquidated	All assets, but mixed in Cash and in Kind – as listed below or attached list
	All as is (in Kind) – No assets or securities to be liquidated	Partial – as listed below or attached list

In-Cash	In-Kind	Net Amount (\$)	# of Securities or Assets	All	Fund Number or Stock Name or Description of Asset

CLIENT / ANNUITANT / HOLDER AUTHORIZATION & SIGNATURE

- I. I hereby request the transfer of my account and its assets as described above.
- II. I understand all funds received in a non-Canadian currency will be converted into Canadian currency at the rate actually received by Odyssey when such conversion occurs.
- III. Where I have requested a 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 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.

Client's Signature	Date (dd/mm/yyyy)
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SECTION II

CONFIRMATION OF ODYSSEY AS TRANSFEREE

I. We agree to the above request for a direct transfer of property. When we receive the property, we will credit it to the Odyssey account, as applicable, of the annuitant or holder of the account identified above.

II. The plan or account is registered under the Income Tax Act or, if the plan or account is not registered, we will apply for such registration.

III. Locked-In Account Transfer Acknowledgment

Odyssey Trust Company acknowledges that all locked-in funds from the registered plan noted in the Relinquishing Institution Information section below, will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditions of:

Governing Legislation:

Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan which must continue to be administered in accordance with legislation of the jurisdiction noted. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation regulations and the Income Tax Act (Canada). Where applicable, Odyssey appears on the Superintendent's List of Financial Institutions authorized to administer funds in the Jurisdiction noted.

Odyssey authorized person's signature

Date (dd/mm/yyyy)

SECTION III

FOR USE BY RELINQUISHING INSTITUTION

Name of Relinquishing Institution

We have transferred, as directed above, the following assets:

RSP	RIF	LIF
Spousal RSP	Spousal RIF	LRIF
Locked-in RSP / LIRA	PRIF	RLIF

Amount Transferred \$

Spousal account	Spouse's Last Name	Spouse's First Name	Spouse's SIN
Locked-in funds	Amount \$	Governing Legislation	

I certify that the information given in this Section III is correct and complete

Relinquishing Institution's Authorized person's Signature

Date (dd/mm/yyyy)

Return completed form(s) to Odyssey Trust Company Email: registeredplans@odysseytrust.com

Fax: 1-800-517-4553

Mail: Odyssey Trust Company
Employee and Registered Plans
Stock Exchange Tower
1230, 300 5th Avenue SW
Calgary, AB, T2P 3C4

PRIVACY NOTICE: At Odyssey Trust Company, we take your privacy seriously. When providing services to you, we receive non-public, personal information about you. We receive this information through transactions we perform for you or an issuer in which you hold securities, from enrolment forms and through other communications with you. We may also receive information about you by virtue of your transactions with affiliates of Odyssey Trust Company or other parties. This information may include your name, social insurance number, securities ownership information and other financial information. With respect to both current and former customers, Odyssey Trust Company does not share non-public personal information with any non-affiliated third party except as necessary to process a transaction, service your account or as permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you, and we maintain physical, electronic and procedural safeguards to protect your personal information. Odyssey Trust Company realizes that you entrust us with confidential personal and financial information and we take that trust very seriously. By providing your personal information to us and signing this form, we will assume, unless we hear from you to the contrary, that you have consented and are consenting to this use and disclosure. A complete copy of our Privacy Code, may be accessed at www.odysseytrust.com, or you may request a copy in writing Attn: Chief Privacy Officer, Odyssey Trust Company at 350 – 409 Granville St, Vancouver, BC, V6C 1T2.