



# WESTERN PACIFIC TRUST COMPANY

**A:**

## Account Information

Account/Policy Holder Last Name \_\_\_\_\_ First name \_\_\_\_\_ Init. \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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Social Insurance Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_(\_\_\_\_)\_\_\_\_-\_\_\_\_(\_\_\_\_)\_\_\_\_-

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Western Pacific Trust Company Plan Number \_\_\_\_\_

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**B:**

## Deregistration Details

### 1. Check One Only:

- Full De-registration
- Full De-registration In-Kind (Certificate Number \_\_\_\_\_, Number of Shares \_\_\_\_\_  
Re-register certificate to \_\_\_\_\_)
- \$ \_\_\_\_\_ Partial – Gross (amount will be reduced by any fees and withholding tax)
- \$ \_\_\_\_\_ Partial – Net (amount required after any fees and withholding tax have been taken off)
- \$ \_\_\_\_\_ Partial – In-Kind (Certificate Number \_\_\_\_\_, Number of Shares \_\_\_\_\_  
Re-register certificate to \_\_\_\_\_)

refer to the WPTC Self-Administered Fee Schedule for current rates

*I agree to indemnify and save harmless Western Pacific Trust Company for any taxes, assessments and other charges levied or imposed by any Governmental authority to my plan at any time.*

**C:**

## Delivery Instructions

- \*\*Home address (see (A) above)**
  - Send by:  Regular Mail – no additional charges apply.
  - Registered Mail – applicable charges will be applied to your account.
- Will pick up at WPTC's office (Envelope will be in the name of Client, ID must be shown)
- Other: \_\_\_\_\_

\*\*WPTC will forward all cheques by regular mail unless other arrangements have been made.

**D:**

## Authorization

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

For Internal Use Only

- |    |                             |          |
|----|-----------------------------|----------|
| 1. | Fees to be withheld         | \$ _____ |
| 2. | Withholding Tax Calculation | \$ _____ |
|    | Tax %                       | _____    |
|    |                             | _____    |