



WESTERN PACIFIC TRUST COMPANY

Transfer Authorization for Tax-Free Savings Account

A: Client Identification

Holder Last Name First name Init.
Address City Province Postal Code
Social Insurance Number Home Telephone Number Business Telephone Number

B: Receiving Institution Information

Western Pacific Trust Company Account #
920-789 West Pender Street, Vancouver, BC V6C 1H2
Telephone: (604) 683-0455 Fax: (604) 669-6978
Contact Name

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name
Address City Province Postal Code
Client Account/Policy Number

Transfer the following: (choose one)

- A. Full Account: [] In-Cash [x] In-Kind
B. [] Partial In-Cash \$ (Net)

D: Client Authorization any application

I hereby request the transfer of my investments as described above.
* Where I have requested to transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay fees, charges or adjustments.
Date Signature of Account Holder: X

E: For Use By Relinquishing Institution Only

Contact Telephone Number Fax Number
Date Amount Transferred Authorized Signature
\$