

## **Wire Transfer Information Request**

**Investment Account Services Division** 

To wire funds to you, the following information is required. Please complete this form in full and return to:

## **Mailing Address:**

Olympia Trust Company **Investment Account Services Division** PO Box 2581, STN Central Calgary, AB T2P 1C8

## **Courier Address:**

Olympia Trust Company **Investment Account Services Division** 4000 - 520 3 Ave SW Calgary, AB T2P OR3

Email: myaccount@olympiatrust.com Fax: (403) 261-7523

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1. Company Information			☐ In Trust ☐ Not In Trust
	Company Name		
	Company Address (street, city, province, postal code	2)	
	Email Address	Phone Number	_
2. Account Information			
	Bank Name		
	Bank Address (street, city, province, postal code)		
	Balik Address (street, city, province, posturcode)		
	Institution Number Transit Number	Account Numb	per
	Currency:		
	A VOID cheque or wire instruction sheet from the financial institution must be attached		
	For USD wires the VOID cheque and banking information must be for a USD account held at a Canadian financial institution.		
3. Authorization	Please note, it is your responsibility to ensure the information provided is correct. By signing below, you represent and warrant that you will not hold Olympia Trust Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or your financial institution due to an error on the part of your financial institution in depositing funds to your account.		
	Name of Authorized Signatory S	Signature of Authorized Signatory	Date (mm/dd/yyyy)
	Name of Authorized Signatory S	signature of Authorized Signatory	Date (mm/dd/yyyy)
Privacy Notice: In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at www.olympiatrust.com.			
OLYMPIA USE ONLY			
Payee ID:		Template Name (8-character restriction	on):
Set Up by:		Date:	
Verbal Confirmation Confirmed by Account Holder (Name & Position):			
Approved by Olympia Trust Company Employee:			

4000 - 520 3 Ave SW, Calgary, AB T2P 0R3

Mailing address: PO Box 2581, STN Central, Calgary, AB T2P 1C8

Email: myaccount@olympiatrust.com

Signature:

www.olympiatrust.com

Phone: 403.770.0001 Toll Free: 1.877.565.0001 Fax: 403.776.8679 v07-18-2025