



State Bank of India (Canada)  
Toll Free:1-866-SBIC-NOW  
www.sbicana.com

**Letter of Authorization & Direction**

To: Canadian Western Trust  
Suite 600 – 750 Cambie St.  
Vancouver, B.C. V6B 0A2

**Client Information**

Client Name: \_\_\_\_\_ CWT Account # : \_\_\_\_\_

**Letter of Direction For In Kind Contributions**

Please contribute the attached State Bank of India GIC certificate to my Canadian Western Trust Self-Directed RRSP/RRIF.

Principal Amount: \_\_\_\_\_ Rate: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

**Privacy and Complaint Handling Statement and Consent to Waive CWT Annual Statement**

Further to the Canadian Western Trust (“CWT”) Declaration of Trust and the Privacy and Complaint Handling Statement, I hereby Authorize CWT to provide information via internet services, telephone inquiries or by written authorization on the above account to:

**The State Bank of India**

With regards to the issuance of statements as outlined in the CWT Declaration of Trust, I hereby consent to waive CWT from issuing a statement to me for the above mentioned account. I acknowledge that all confirmations regarding my account will be provided to me by the State Bank of India Canada.

By checking this box and signing below I acknowledge that I have read and understood the foregoing paragraphs.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward this letter of Authorization & Direction to Canadian Western Trust at the address listed above*