PUBLIC GUARDIAN AND TRUSTEE OF BRITISH COLUMBIA

Child and Youth Services Private Trustee Report

Passing of Accounts

Please return forms to:

Public Guardian and Trustee
Child and Youth Services
Private Trustee Review
700 - 808 West Hastings Street
Vancouver, BC V6C 3L3

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

PRIVATE TRUSTEE REPORT
PASSING OF ACCOUNTS

I/We, _____
Name of Trustee(s)

was/were appointed Trustee(s) on _____ .
Date Trust was Settled

The minor beneficiary(s) is/are -

_____

This is the report of the Trustee for the period commencing:

_____ and ending: _____ .
Start of Period of Accounting End of Period of Accounting

in support of the Trust requirements to pass my/our accounts.

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

TRUSTEE INFORMATION

Information about you as Trustee:

Last Name: _____ First Name: _____

Telephone Number (day): _____

Telephone Number (eve): _____

Cell: _____ Email: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Additional Trustee Information (if more than one):

Last Name: _____ First Name: _____

Telephone Number (day): _____

Telephone Number (eve): _____

Cell: _____ Email: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Additional Trustee Information:

Last Name: _____ First Name: _____

Telephone Number (day): _____

Telephone Number (eve): _____

Cell: _____ Email: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

MINOR BENEFICIARY INFORMATION

Information about the Minor Beneficiary for whom you are Trustee:

Last Name: _____ First Name: _____

Date of Birth: _____ PGT Case #: _____
Day, Month, Year

Street Address: _____

_____

City: _____ Province: _____ Postal Code: _____

Telephone _____

Name of Minor Beneficiary's Guardian(s):

Last Name: _____ First Name: _____

Relationship _____ Telephone Number (day): _____
Telephone Number (eve): _____

Cell: _____ Email: _____

Street Address: _____

_____

City: _____ Province: _____ Postal Code: _____

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

MINOR BENEFICIARY INFORMATION

Personal/ Health Issues:

Please update the PGT with the following information with as much detail as you wish.

1. Over the period, has the health of the minor beneficiary changed?
   - ☐ No
   - ☐ Yes If yes, give a brief description:

_____
_____
_____
_____

2. Over the period, has he or she required any special care or services?
   - ☐ No
   - ☐ Yes If yes, give a brief description:

_____
_____
_____
_____

3. Is there any other information regarding the minor beneficiary you think we should know about?
   - ☐ No
   - ☐ Yes If yes, give a brief description:

_____
_____
_____
_____

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

FINANCIAL SUMMARY

Financial Matters:

1. Have funds been spent for the benefit of the minor beneficiary?

   ☐ No If no, please explain why.
   ☐ Yes If yes, give a brief description of the type of expenditures made.

_____
_____
_____
_____

2. If you posted a Trustee bond, have you changed it during the reporting period?

   ☐ No
   ☐ Yes If yes, please provide an explanation and the amount of the change.

_____
_____
_____
_____

3. If you posted a Trustee bond, are the premiums current?

   ☐ Yes
   ☐ No If no, please explain why.

_____
_____
_____
_____

4. Are you claiming a fee for your service as Trustee?

   ☐ No
   ☐ Yes (If yes, we will set the fee when we pass the accounts.)

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

FINANCIAL SUMMARY

5. Please attach a cheque for the amount of the fee payable for the PGT review of the accounts:

Value of all assets as at the end of the accounting period	Fee per year of accounts reviewed	GST	Total
Up to $25,000	0	0	0
Over $25,000 up to $100,000	$100.00	$5.00	$105.00
Over $100,000 up to $300,000	$250.00	$12.50	$262.50
Over $300,000 up to $500,000	$325.00	$16.25	$341.25
Over $500,000	$500.00	$25.00	$525.00

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

FINANCIAL SUMMARY DETAIL

The financial assets and liabilities of the _____
Name of Trust

as of _____ were as follows:
end of the accounting period

If there is more than one entry for an Asset or Liability type, please provide detailed information on the Detail Sheet (pages 12 – 14) and enter the total value of all items on this form.

Assets	**Amount in Dollars**
Bank Account	$
Certificates of Deposit / Term deposit / Term Deposits / GICs	
Securities - stocks / bonds / mutual funds held in an Investment Portfolio	
Securities - stocks / bonds / mutual funds held in certificate form	
Personal Property *(autos, jewellery, etc.)*	
Real Property *(market value)*	
Other Assets *(specify)*	
Total Assets:	**$**

Liabilities	**Amount in Dollars**
Loans Payable	$
Real Property Mortgages (describe)	
Other liabilities (describe)	
Other liabilities (describe)	
Other liabilities (describe)	
Total Liabilities:	**$**

Total Worth (Total Assets less Total Liabilities)	**$**

Is there any source of income more than $1,000 per year not reported on the Income Tax Return (Non-Taxable)?

- ☐ No
- ☐ Yes If yes, please provide the source of the income and the amount.

Source:	**$**

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

NON-ARM'S LENGTH PAYMENTS

Item	Amount in Dollars
Loans *(describe)*	$
Real Property Mortgages *(describe)*	
Other payments to or on behalf of family members *(describe)*	
Payments to or on behalf of the Trustee *(describe)*	
Other liabilities *(describe)*	
Total Payments:	**$**

A non-arm's length payment is defined as a payment made to you, your family member, or your friends.

ATTACHMENT CHECKLIST

- ☐ Documents confirming all assets and liabilities as reported:
  - ☐ Bank Statements
  - ☐ Investment Statements
  - ☐ Property Tax Assessment
  - ☐ Other
- ☐ If this is your first report, attach confirmation of all assets and liabilities as of the date the Trust was settled.
- ☐ Copies of the Tax Returns for all years included in this report
- ☐ Cheque for fee for the Account Passing Review

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

AFFIDAVIT

I solemnly swear (declare) that all of _____'s income and assets were
name of trust
used primarily for the benefit of the minor beneficiary(s). All expenses were obligations of
_____. This report is a true and accurate reporting of _____'s
name of trust name of trust
assets and liabilities as of _____.
date

Any significant changes in the circumstances or health of the minor beneficiary(s) for whom I am Trustee, including change of residence or contact information, have been reported to the Public Guardian and Trustee. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I acknowledge it is a serious office to make a false declaration. I understand that the Public Guardian and Trustee may require further information and documentation at its discretion.

Sworn (declared) before me at the _____)
) _____
of _____ in the _____) Signature
)
of _____, this _____day of) _____
) Name
_____ , 20 _____.)

_____
A Commissioner for taking affidavits in British Columbia

If there is more than one Trustee, additional affidavits are required.

I solemnly swear (declare) that all of _____'s income and assets were
name of trust
used primarily for the benefit of the minor beneficiary(s). All expenses were obligations of
_____. This report is a true and accurate reporting of _____'s
name of trust name of trust
assets and liabilities as of _____.
date

Any significant changes in the circumstances or health of the minor beneficiary(s) for whom I am Trustee, including change of residence or contact information, have been reported to the Public Guardian and Trustee. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I acknowledge it is a serious office to make a false declaration. I understand that the Public Guardian and Trustee may require further information and documentation at its discretion.

Sworn (declared) before me at the _____)
) _____
of _____ in the _____) Signature
)
of _____, this _____day of) _____
) Name
_____ , 20 _____.)

_____
A Commissioner for taking affidavits in British Columbia

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

AUTHORIZATION TO REQUEST INFORMATION

TO WHOM IT MAY CONCERN:

I/We, _____, as Trustee(s) of _____,
name of trust
hereby authorize the Public Guardian and Trustee to request information about
_____ in order to carry out the passing of accounts.
name of trust

Date: _____ Signature: _____

TO WHOM IT MAY CONCERN:

I/We, _____, as Trustee(s) of _____,
name of trust
hereby authorize the Public Guardian and Trustee to request information about
_____ in order to carry out the passing of accounts.
name of trust

Date: _____ Signature: _____

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

DETAIL SHEET

Please complete this form if there is more than one entry for any Asset or Liability type. If there are more entries than provided for in this sheet, please attach a separate sheet. Total values are entered on the Financial Summary Detail Form (page 7).

Assets:

Bank Accounts

Name of Institution and Account Number	Market Value?
	$
Total	$

Term Deposits, GICs, Certificates of Deposit

Name of Institution and Account Number	Market Value?
	$
Total	$

Securities: Stocks / Bonds / Mutual Funds held in an investment portfolio

Name of Institution and Account Number	Market Value?
	$
Total	$

Securities: Stocks / Bonds / Mutual Funds held outside an investment portfolio

Name of Institution and Account Number	Market Value?
	$
Total	$

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

DETAIL SHEET (CONT'D)

Stocks in privately held companies

Name of Institution and Account Number	Market Value?
	$
Total	$

Real Property

Description / Location	Market Value?
	$
Total	$

Loans Receivable

Name of Person Owing Money	Amount Due?
	$
Total	$

Other Assets

Type of Asset	Value?
	$
Total	$

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.

DETAIL SHEET (CONT'D)

Liabilities: If required for any category, please attach a separate sheet.

Lines of Credit

Name of Creditor	Amount Due?
	$
Total	$

Mortgage / Secured Loans Payable

Name of Institution and Account Number	Amount Due?
	$
Total	$

Other Categories: If required for any category, please attach a separate sheet.

Other Sources of income

Name of Source	Annual Amount?
	$
Total	$

Non-arm's length payments

To Whom	Amount Given?
	$
Total	$

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Public Guardian and Trustee Act* and will be used to pass your accounts as Trustee. If you have any questions about the collection and use of this personal information, contact the Financial Officer at 604.660.4803.