

Child and Youth Services Private Trustee Accounts

Forms for Reporting to the Public Guardian and Trustee

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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(ies) is/are -

This is the report of the trustee for the period starting

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 trustee)

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

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Minor Beneficiary Information

Information about the Minor Beneficiary for whom you are Trustee

Last Name	First Name	
Last Name	First Name	
Date of Birth <small>DAY, MONTH, YEAR</small>	PGT Case #	
Street Address		
City	Province	Postal Code
Telephone Number		
Email		

Name of Guardian(s) of Minor Beneficiary

Last Name	First Name	
Last Name	First Name	
Relationship		
Telephone Number (day)	Telephone Number (eve)	
Cell	Email	
Street Address		
City	Province	Postal Code

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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/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.

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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?

- No**
- Yes** 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.

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Financial Summary

5. The *Public Guardian and Trustee Fees Regulation* sets the fees charged by the PGT for reviewing the accounts. A detailed description of fees and commissions can be found at www.trustee.bc.ca/fees.

Please ensure you attach a cheque made payable to the PGT for the fee when submitting your accounts. No other form of payment is accepted for this fee. The fees currently payable are calculated on the following scale.

Value of all assets as at the end of the accounting period	Fee for each accounting submitted	GST (5%)	Total
Up to \$100,000	\$125.00	\$06.25	\$131.25
Over \$100,000 up to \$250,000	\$200.00	\$10.00	\$210.00
Over \$250,000 up to \$375,000	\$250.00	\$12.50	\$262.50
Over \$375,000 up to \$500,000	\$300.00	\$15.00	\$315.00
Over \$500,000 up to \$600,000	\$350.00	\$17.50	\$367.50
Over \$600,000	\$400.00	\$20.00	\$420.00

An example of the fee calculation is as follows:

If the period is for two years and the value of the assets as of the last date of the reporting period is over \$100,000 but not over \$250,000, the fee is \$210.00 (\$200.00 plus \$10.00 GST).

Financial Summary Detail

The financial assets and liabilities of the

NAME OF TRUST

as of

END OF THE ACCOUNTING PERIOD

were as follows:

If there is more than one entry for an Asset or Liability type, please provide detailed information on the Detail Sheet (pages 11 – 13) 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:

\$

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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 PGT fee for the Review

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Affidavit

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

Any significant changes in the circumstances or health of the minor beneficiary(ies) 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 offence 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 _____)
of _____, this _____ day of _____)
_____, 20 _____.)

SIGNATURE

NAME

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 used primarily for the benefit of the minor beneficiary(ies). All expenses were obligations of _____. This report is a true and accurate reporting of _____'s assets and liabilities as of _____.

Any significant changes in the circumstances or health of the minor beneficiary(ies) 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.

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Sworn (declared) before me at the _____)
of _____ in the _____)
of _____, this _____ day of _____)
_____, 20 _____.)

SIGNATURE

NAME

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Authorization To Request Information

To whom it may concern

I, _____, as trustee of _____, NAME OF TRUST

hereby authorize the Public Guardian and Trustee to request information about

_____ in order to carry out the review of accounts.
NAME OF TRUST

Date _____ Signature _____

If there is more than one Trustee, additional authorizations to request information are required.

To whom it may concern

I, _____, as trustee of _____, NAME OF TRUST

hereby authorize the Public Guardian and Trustee to request information about

_____ in order to carry out the review of accounts.
NAME OF TRUST

Date _____ Signature _____

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Detail Sheet

Please complete this form if there is more than one entry for any Asset or Liability type. Attach a separate sheet if there are more entries than provided for in this sheet. Total the values and enter them 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:	\$

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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/Organization Owing Money	Amount Due?
	\$
Total:	\$

Other assets

Type of Asset	Value?
	\$
Total:	\$

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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:	\$

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Contact the Public Guardian and Trustee

Child and Youth Services

700–808 West Hastings Street
Vancouver, BC V6C 3L3

TRUST SERVICE PHONE	604 775 3480
LEGAL INTAKE PHONE	604 660 3040
FAX	604 775 2429
EMAIL	CYS@trustee.bc.ca

Toll free calling

Toll free calling is available through Service BC. After dialling the appropriate number for your area (see below) request to be transferred to the Public Guardian and Trustee.

VANCOUVER	604 660 2421
VICTORIA	250 387 6121
OTHER AREAS IN BC	1 800 663 7867
EMAIL	mail@trustee.bc.ca
WEBSITE	www.trustee.bc.ca

PGT Hours of operation Monday to Friday 8:30am to 4:30pm