

Private trustee accounts

Package 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 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.

Information you provide will be used to pass your accounts as trustee. Information is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and other applicable legislation. If you have any questions about the collection, use or disclosure of information, contact the PGT’s Information and Privacy Officer at 604-660-4444 or mail@trustee.bc.ca

Trustee information

Information about you as trustee

Last name

First name

Phone (day)

Phone (eve)

Mobile

Email

Street address

City

Province

Postal code

Additional trustee information (if more than one trustee)

Last name

First name

Phone (day)

Phone (eve)

Mobile

Email

Street address

City

Province

Postal code

Last name

First name

Phone (day)

Phone (eve)

Mobile

Email

Street address

City

Province

Postal code

Child/youth beneficiary information

Information about the beneficiary for whom you are trustee

Last name		First name
Date of birth		PGT case #
Phone		Email
Street address		
City	Province	Postal code

Name of guardian(s) of beneficiary

Last name		First name
Last name		First name
Relationship		
Phone (day)		Phone (eve)
Mobile		Email
Street address		
City	Province	Postal code

Child/youth 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 beneficiary changed?

No

Yes If yes, give a brief description.

2. Over the period, has the beneficiary required any special care or services?

No

Yes If yes, give a brief description.

3. Is there any other information regarding the beneficiary you think we should know about?

No

Yes If yes, give a brief description.

Financial summary

Financial matters

1. Have funds been spent for the benefit of the 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 If no, please explain why.

Yes

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.

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 8 - 10) 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, provide the source of the income and the amount.

Non arm's length payments

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

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	

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 6).

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

Detail sheet (continued)

Stocks in privately held companies

Name of institution and account number	Market value (\$)

Total

Real property

Description or location	Market value (\$)

Total

Loans receivable

Name of person or organization owing money	Amount due (\$)

Total

Other assets

Type of asset	Value (\$)

Total

Detail sheet (continued)

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

Lines of credit

Name of creditor	Amount due (\$)
Total	

Mortgage or 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	

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

Affidavit

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

Any significant changes in the circumstances or health of the 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 _____,)
in _____, this _____) Signature
of _____, 20 _____)
A Commissioner for taking affidavits in British Columbia) Name

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
Name of trust
the benefit of the beneficiary(ies). All expenses were obligations of _____. This report is
Name of trust
a true and accurate reporting of _____'s assets and liabilities as of _____.
Name of trust Date (mm/dd/yyyy)

Any significant changes in the circumstances or health of the 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 _____,)
in _____, this _____) Signature
of _____, 20 _____)
A Commissioner for taking affidavits in British Columbia) Name

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 _____

PGT private trustee account review fees

1. The PGT charges a fee for reviewing and passing accounts as per the table below.
 You can submit the package and fee online. See the [Referrals and submissions](#) page on our website.

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 2 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).

Contact the Public Guardian and Trustee

Child and Youth Services

700-808 West Hastings Street
Vancouver, B.C. V6C 3L3

Trust service phone	604-775-3480
Legal intake phone	604-660-3040
Fax	604-775-2429
Email	CYS@trustee.bc.ca
Website	www.trustee.bc.ca

Toll free calling

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

Vancouver	604-660-2421
Victoria	250-387-6121
Other areas in B.C.	1-800-663-7867

PGT Hours of operation

Monday to Friday 8:30am to 4:30pm

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