Public Guardian and Trustee of British Columbia

Request the PGT to become pension trustee for an incapable adult

This form is used when a request is being made to the Public Guardian and Trustee (PGT) strictly for pension trustee management. If there are concerns of abuse, neglect, or self-neglect that need urgent attention or if you are uncertain if a pension trustee authority will effectively address the adult's financial affairs, please call the Assessment and Investigation Services team at 1-877-511-4111 to discuss the situation, or make a referral via the online referral form on our website at www.trustee.bc.ca/referrals.

The following documents must be submitted to the PGT by **mail**. Incomplete or electronic submissions will be returned:

- ☐ Completed Pension trustee management request form
- ☐ Original version of the Certificate of Incapability (ISP 3505) form completed by a medical doctor

Please complete this form and send it to the PGT along with other required documents **by mail**, attention to:

Assessment and Investigation Services
700 – 808 West Hastings Street,
Vancouver, B.C. V6C 3L3

Important note: Service Canada does not accept scanned or faxed submissions or applications. For this reason, the PGT requires original documents to process pension trustee requests. Scanned or faxed submissions will be returned to the sender.

If you have any questions please contact our Assessment and Investigation Services team at 1-877-511-4111.

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.

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Request the PGT to become pension trustee for an incapable adult

The adult's personal information

Last name

First name

Middle name

Maiden name

Name other than legal name

Marital status

Name of spouse (if applicable)

Date of birth (MM/DD/YY)

If English is not the adult's primary language, what is their language?

Gender

Personal health number

Social insurance number

Is the adult Indigenous?

◯ Unknown ◯ No ◯ Yes

If known and applicable, enter Status/Land Claim Beneficiary number

Was the adult born outside of Canada?

◯ Unknown ◯ No ◯ Yes

If so, please indicate when the adult moved to Canada

Is the adult aware of this request?

◯ Unsure ◯ No ◯ Yes

If yes, describe their response

Current location of the adult

☐ Community:

Type of supports in place

List any bill payment information including account, vendor, and monthly payments

Are there concerns with the adult accessing their bank account?

☐ Hospital:

Is the adult currently in hospital and pending discharge to a long-term care home or other supported living residence?

◯ No ◯ Yes

☐ Care home:

Select type

If other, specify

☐ Other:

Specify location

Street address

Apartment/Suite no.

City

Postal code

Phone number

The adult's financial information

Financial institution	Branch information	Account number	Estimated balance

Is there any information to suggest the adult may have the following:

- Private pensions
- Real property
- Significant savings or investments
- Outstanding legal issues

Does the adult have a will?

◯ Unknown ◯ No ◯ Yes If yes, specify location

Reason for the request

Important: The PGT acts as pension trustee **only** when there are no other family members, friends or other institutions willing, able and appropriate to support the adult.

Please provide a summary of the adult's situation including:

- What efforts have been made to locate others to assist
- Why the PGT is the only option
- The risk to the adult if their pensions are not managed

Family or other contact persons

Note: if you have more than 2 contact persons, please add them in a separate document when sending this form to the PGT.

Person #1

Name | Phone | Email

Address | Relationship to adult

Person #2

Name | Phone | Email

Address | Relationship to adult

Referring party

Please provide your contact details so we can contact you about this request.

Referred by | Date of request (MM/DD/YY)

Relationship to adult | Phone | Email

Address

Please sign below to confirm that the information you have provided above is true, accurate and completed to the best of your ability.

Signature | Date (MM/DD/YY)