

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 number (day)	Phone number (eve)	
Cell	Email	
Street address		
City	Province	Postal code

Additional trustee information (if more than one trustee)

Last name	First name	
Phone number (day)	Phone number (eve)	
Cell	Email	
Street address		
City	Province	Postal code

Additional trustee information

Last name	First name	
Phone number (day)	Phone number (eve)	
Cell	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 #** _____
Day, month, year

Street address _____

City _____ **Province** _____ **Postal code** _____

Phone number _____

Email _____

Name of guardian(s) of beneficiary

Last name _____ **First name** _____

Last name _____ **First name** _____

Relationship _____

Phone number (day) _____ **Phone number (eve)** _____

Cell _____ **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**
- 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.

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 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)	\$
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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.

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).

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:	\$

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:	\$

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:	\$

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

Name of trust
Name of trust
Name of trust
Date

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 the _____)
of _____ in the _____) Signature
of _____, this _____ day of _____)
_____, 20_____.) 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 beneficiary(ies). All expenses were obligations of _____. This report is a true and accurate reporting of _____'s assets and liabilities as of _____.

Name of trust
Name of trust
Name of trust
Date

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 the _____)
of _____ in the _____) Signature
of _____, this _____ day of _____)
_____, 20_____.) Name

A Commissioner for taking affidavits in British Columbia

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
_____ Name of trust in order to carry out the review of accounts.

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
_____ Name of trust in order to carry out the review of accounts.

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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