

### Instructions to Operator

- Submit completed forms to the address above. If you have any questions, please contact the Trust department at the number above.
- The Report of Prepaid Funds including the report from the public accountant (review engagement or audit) must be completed and submitted annually within three (3) months of the fiscal year end.
- The operator must engage a public accountant to complete a review engagement report **OR** an audit report that is required by section 109 of Ontario Regulation 30/11 (A review engagement or an audit report is not required if the operator does not have any prepaid funds held in trust/insurance and for a **pooled trust fund** where the amount held in trust did not exceed **\$100,000** at any time during the reporting year).

BAO Office Use Only	
Licence Number:	Reviewed by:

### Notes to Public Accountant

- The review engagement or audit report must be prepared by a public accountant licensed under the *Public Accounting Act, 2004*, who is independent of the licensed operator. The public accountant must conduct a compliance review engagement or audit for the operator's full fiscal year with the criteria established by sections 76, 78, 79, 80, 81, 82, 99, 108 & 109 of Ontario Regulation 30/11.
- Review Engagement Reports** are conducted under **CSAE 3530 - Limited Assurance** of the Chartered Professional Accountants of Ontario Member's Handbook. The review engagement report must be submitted on the practitioner's letterhead. If discrepancies are found, attach a written explanation with evidence of non-compliance.
- Audit Reports** are conducted under **CSAE 3530 - Reasonable Assurance** of the Chartered Professional Accountants of Ontario Member's Handbook. The audit report must be submitted on the practitioner's letterhead. If discrepancies are found, attach a written explanation with evidence of non-compliance.

This report is for the fiscal year \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

#### Operator Information:

Name of Business/Operator:		Licence Type:
Operator Licence #	Name of person in charge of day to day operations:	Email Address:
Operator Mailing Address:		

#### If Operator has No Prepaid Contracts:

I certify that I have not executed or entered into any prepaid contracts for licensed prepaid supplies or services as defined in the FBCSA. **Provide signature on Page 2.**

#### Schedule A - Information on Trust: Individual Pooled (Attach extra page if required, to list all institutions)

Name of financial institution:	Trust account/member number:	Contact Name:
Financial institution mailing address:		

(Schedule A continued)

### Prepaid Contracts Total Figures - Trust

All figures in the chart below should contain the total sum from all institutions holding trust.

Reporting Year	Total Number of Contracts	Total Value (principal & interest)	Total Interest (from original deposit date)	Total Provided	Total Cancelled	Total New
2020						
2019						
2018						

### Prepaid Contracts Figures by Institution - Trust

Complete chart below listing all institutions holding trust (attach extra page if required)

Name of Trustee or Financial Institution	Total Value (principal & interest)	Number of Accounts (e.g. GICs, Term Deposits, etc.)

### Schedule B - Information on Insurance Companies (Attach extra page if required, to list all institutions)

Name of financial institution:

Account/member number:

Contact Name:

Financial institution mailing address:

### Prepaid Contracts Total Figures - Funded by Insurance

All figures in the chart below should contain the total sum from all insurance companies.

Reporting Year	Total Number of Contracts	Total Value of Policies (current death benefit)	Total Provided	Total Cancelled	Total New
2020					
2019					
2018					

### Prepaid Contracts Figures by Insurance Company

Complete chart below listing all insurance companies (attach extra page if required)

Name of Insurance Company	Total Value of Policies (current death benefit)	Number of Policies

### Schedule C - Institution Reports

Include copies of all institution reports for trust and insurance as of the month-end of your reporting period.

**Warning: It is an offence to provide false information on these reports.**

I am the person in charge of day to day operations filing this report with schedules, and the report(s) from the Public Accountant.

I certify that to the best of my knowledge and belief the statements within are true and correct and are in agreement with the records maintained by the operator.

Authorized signature:

Print full name:

Position:

Telephone number:

Date (mm/dd/yyyy):