

**Instructions to Operator:**

The following operators must complete and submit this Report of Prepaid Funds (RPF) annually to the BAO within three (3) months\* of the fiscal year end, for EACH site or location it operates:

- **ALL** Funeral Establishment Operators - Class 1 and 2 (including non-public)\*\*
- **ALL** Transfer Service Operators - Class 1 and 2 (including non-public)\*\*
- **ONLY** Cemetery, Crematorium and Hydrolysis Operators that accept prepaid funds

\*\*For funeral establishments and transfer services that do not have or accept prepaid funds, including those not open to the public, please check off the box below and sign the back of the form.

Operators who must submit an RPF must also engage a public accountant to complete a review engagement report **OR** an audit report, as required by section 109 of Ontario Regulation 30/11. (Exception: A review engagement or audit report is not required if the operator does not have any prepaid funds held in trust/insurance, or has one or more **pooled trust funds** where the total amount held in trust did not exceed **\$100,000** at any time during the reporting year.)

**When you submit your RPF, it must include the following three items:**

1. **This RPF form** completed and signed by the person in charge of day-to-day operations
2. **Review Engagement Report or Audit** prepared by your public accountant on the accounting firm's letterhead
3. **Financial statements** from each institution where prepaid funds are held, for the month of your fiscal year end.

**Please submit all three items described above, together,** by regular mail, fax to 647-748-2645 or email to [trust@thebao.ca](mailto:trust@thebao.ca). Fax or email is preferred.

\*If your accountant prepares an audit on your prepaid trust funds, the deadline to submit your RPF is within six (6) months of your fiscal year end.

**Instructions 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 (CPA) Member's Handbook. The review engagement report must be submitted on the public accountant's letterhead. If discrepancies are found, include a written explanation with evidence of non-compliance.

**Audit Reports** are conducted under CSAE 3530 - Reasonable Assurance of the CPA Member's Handbook. The audit report must be submitted on the public accountant's letterhead. If discrepancies are found, include a written explanation with evidence of non-compliance.

**This report is for the fiscal year \_\_\_\_\_, 202 \_\_\_\_\_ to \_\_\_\_\_, 2023**

Operator Information:		
Licensed Operator Name:		Licence Class:
Business Name, if different than Licensed Operator Name:		Operator Licence #
Site # (Cemetery/Crematorium/AH only)	Name of person in charge of day to day operations	Email Address:
<b>If Operator has No Prepaid Contracts:</b>		

☐ I certify that the operator does not hold any prepaid funds in trust/ insurance/ annuity and has not accepted any prepaid funds or entered into any prepaid contracts for licensed prepaid supplies or services as defined in the FBCSA.

**Provide signature on bottom of Page 2.**

**Schedule A - Information on Prepaid Contracts Funded by Trust:** ☐ Individual Accounts and/or ☐ Pooled Trust Funds**Prepaid Contracts Total Figures - Trust**

All figures in the chart below must contain the total sum of ALL institutions holding trust, as of your fiscal year end date.

Reporting Year	Total Number of Contracts	Total Value (principal & interest)	Total Interest (from original deposit date)	Total Provided	Total Cancelled	Total New
2023						
2022						
2021						

**Prepaid Contracts Figures by Institution - Trust**

Complete chart below listing each institution holding trust and figures as of your fiscal year end date (attach extra page if required).

Name of Trustee or Financial Institution	Total Value (principal & interest)	Number of Accounts (GIC's, term deposits, etc.) (may be more than # of contracts)

**Schedule B - Information on Prepaid Contracts Funded by Insurance or Annuity Policies****Prepaid Contracts Total Figures - Funded by Insurance/Annuity**

All figures in the chart below must contain the total sum from ALL insurance companies, as of your fiscal year end date.

Reporting Year	Total Number of Contracts	Total Value of Policies (current death benefit)	Total Provided	Total Cancelled	Total New
2023					
2022					
2021					

**Prepaid Contracts Total Figures by Insurance Company**

Complete chart below listing each insurance company and figures as of your fiscal year end date (attach extra page if required).

Name of Insurance Company	Total Value of Policies (current death benefit)	Number of Policies (may be more than # of contracts)

**Certification and Signature**

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

I am the person in charge of day to day operations filling this RPF with the following documents attached (check boxes if applicable):

- ☐ Copies of all financial institution reports for trust and insurance/annuity as of the month-end of my fiscal year end, and  
☐ Review Engagement Report or Audit from an independent 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):