

Bereavement Authority of Ontario

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Report on Prepaid Funds (RPF)

For the operator's fiscal year ending in 2025 Funeral, Burial and Cremation Services Act, 2002 (FBCSA)

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-today 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. Fax or email is preferred.

*If your accountant prepares an <u>audit</u> 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:

Provide signature on bottom of Page 2.

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 , 2025

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:						
If Operator has No Prepaid Contracts:								

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.	_

Schedule A -	Information on Prepa	id Contra	icts Funded k	oy Trust: 🗌 Inc	lividual Account	s and/or	Pooled Trus	t Funds
All figur	es in the chart below m		•	cts Total Figure n of ALL institution		as of your fis	scal year end o	late.
Reporting Year	Total Number of Contracts	Total Value (principal & interest)		Total Interest (from original deposit date)		Total Provided	Total Cancelled	Total New
2025								
2024								
2023								
Complete cha	ort below listing each ins	-		igures by Insti d figures as of yo		date (attach	extra page if	required).
Name of Trustee or Financial Institution			(Total Value (principal & intere	est)	Number of Accounts (GIC's, term deposits, etc.) (may be more than # of contracts)		
	Schedule B - Infor	mation o	n Prepaid Co	ntracts Funded	l by Insurance o	r Annuity P	olicies	
All figur		paid Conti	racts Total Figu	ures - Funded by	Insurance/Annu	ity		ate
Reporting Year	Total Number of Contracts		Total Value of Current death	Policies Total		Tota	I	Total New
2025	Continues		(durrent death	<i>zenent</i> ,	. Torraca	Ganger		11011
2024								
2023								
Complete c	Pr hart below listing each i				urance Company		xtra nage if re	nuired)
Name of Insurance Company			Total Value of Policies current death benefit)		Number of Policies (may be more than # of contracts)			
			Certificati	on and Signati	ıre			
am the person Copies of all Review Enga	n offence to provide false in charge of day to day of financial institution repo gement Report or Audit the best of my knowledge he operator	operations orts for tru from an ir	tion on these filling this RP st and insuran dependent Pu	reports. F with the followice/annuity as of	ving documents at the month-end c	of my fiscal ye	ear end, and	
Authorized Signature:				Print full name:				
Position:				Telephone number: Date (mm/dd/yyyy):				