

### Instructions

- This form must be submitted if the licensed operator has sold prepaid licensed supplies and services **prior to April 1, 1992**.
- Use one form for each prepaid trust account.
- Complete both sides of the form.
- This form is required for submission annually within three months of the operator's fiscal year end.
- For all prepaid contracts signed prior to April 1, 1992, 50 to 65 per cent of the prepaid contract value must have been deposited into the trust fund/account. When the supplies and services are delivered, the operator can withdraw the amount that was deposited plus any accrued income to pay for the supplies and services.
- Prepaid trust money can be held in individual trust accounts with a financial institution. It can also be held with a trustee that is a corporation registered under the *Loan and Trust Corporation Act*, or a credit union as defined in the *Credit Unions and Caisses Populaires Act, 1994*.
- For prepaid contracts signed prior to April 1, 1992, any prepaid trust money that remains after the supplies and services have been delivered may be released to the operator.
- All operators must submit a copy of the year end statements indicating the ending balance of the trust fund/account.
- A review engagement report or an audit report must be submitted within six months of the operator's fiscal year end if the prepaid trust money exceeds \$100,000 at any time during the fiscal year.
- Schedule B must be completed when supplies and services are delivered during the period. Spreadsheets can be submitted in lieu of Schedule B.

BAO Office Use Only	
Licence Number:	Approved by:

For the period \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

### Operator information

Operator name:					
Operator licence number:		Operator contact name:			
Telephone no: (include area code)		Fax no: (include area code)	Email address:		
Operator mailing address					
Street Number	Suffix	Unit/Suite/Apt:	Street name:		
PO Box:	Rural route	City:		Province:	Postal code:

### Trust fund / account information

Name of financial institution:		Trust account number:	Contact name:	
Telephone no: (include area code)		Fax no: (include area code)	Email address:	
Financial institution mailing address				
Street number:	Suffix	Unit/Suite/Apt:	Street name:	
PO Box:	Rural route:	City:	Province:	Postal code:

## Prepaid contracts

1. Total value of all prepaid contracts in force at the end of the preceding period

i. Contracts entered into before January 1, 1966	\$ _____	} A	\$ _____
ii. Contracts entered into between January 1, 1966 and March 31, 1992	\$ _____		

2. Total contract value of prepaid supplies and services provided during this reporting period

i. Contracts entered into before January 1, 1966	\$ _____	} B	\$ _____
ii. Contracts entered into after January 1, 1966	\$ _____		

3. Subtract: (A-B)

**Total value of prepaid contracts in force at the end of this reporting period up to March 31, 1992** \$ \_\_\_\_\_

## Trust fund/account

4. Total amount on deposit in prepaid trust fund/account at the end of the preceding reporting period **C** \$ \_\_\_\_\_

5. Deduct the amount of supplies and services provided in this reporting period

i. 50 per cent of the amount shown in #2(i)	\$ _____	} D	\$ _____
ii. 65 per cent of the amount shown in #2(ii)	\$ _____		

6. Total trust account value (Subtract (C- D)): \$ \_\_\_\_\_

7. **Total amount on deposit with the financial institution** at the end of the current period (See trustee statement) \$ \_\_\_\_\_

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

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

Authorized signature(s)	Print full name(s)	
Position	Daytime telephone no.	Date (yyyy/mm/dd)

**Return all forms to the address below. If you have any questions or require assistance completing the forms please contact:**

**Bereavement Authority of Ontario**  
100 Sheppard Avenue East, Suite 505  
Toronto ON M2N 6N5  
Telephone: 647-483-2645, (toll-free) 1-844-493-6356  
Fax: 647-748-2645  
Email: [info@thebao.ca](mailto:info@thebao.ca)