

Schedule 2 – Annual Banking Report

Part 1 – Acknowledgement to be Completed by the Trustee

I, the undersigned, do hereby submit this report in accordance with Directive No. 5R7, *Estate Funds and Banking*. Paragraph 11(1)(b) of that Directive requires that trustees annually complete and deliver such a report to the Office of the Superintendent of Bankruptcy (OSB) for all trust accounts open as at April 30 of that year. The undersigned trustee reports that, as at April 30, the following trust accounts were maintained by the undersigned at the bank(s) and branch(es) noted below and that the following information is true and complete in all material respects.

TRUSTEE (legal name under which the estates are filed):	Signature of trustee(s) (authorized signing officer(s) on trust account):	Date (mm/dd/yyyy):	Trustee licence numbers that have estates in the Annual Banking Report:
TRUSTEE LICENCE NUMBER:	Print Trustee Name(s):		

Part 2 – Insolvency Software Details (see below)

The trustee shall include, in the first Annual Banking Report submitted to the OSB, a description of the software programs (either commercially available or proprietary) used to administer estate trust funds. *Thereafter, the trustee shall promptly inform the OSB of any changes to the type of software used for this purpose as required by paragraph 7(1)(n) of Directive No. 5R7, Estate Funds and Banking.*

Description of software used:

Part 3 – Financial Institution Identification

Consolidated Bank Account Information (attach listing if required) List Attached

Deposit Type	Bank Institution No.	Bank Branch Address	Bank Branch Transit No.	Bank Account No.	Bank Account Balance as at April 30	Term Deposit Certificate No.	Term Deposit Balance as at April 30	Bank and Branch Where Term Deposit is Located
Summary Administration								
Division II Proposal								
Other (provide details)								

Part 4 – Consolidated Bank Account – Detailed Estate Master List Information

Summary Administration Estates (a copy of the sub-ledger report, e.g., Summary of Estate Balances, may be attached) List Attached

Superintendent's Estate No. (complete for all estates held in CBA)	Estate Name	Estate Type	Bank Account No.	Estate Balance (\$) in Consolidated Bank Account as at April 30

Part 5 – Consolidated Bank Account – Detailed Estate Master List Information
Division II Proposal Estates (a copy of the sub-ledger report, e.g., Summary of Estate Balances, may be attached) List Attached

Superintendent's Estate No. (complete for all estates held in CBA)	Estate Name	Estate Type	Bank Account No.	Estate Balance (\$) in Consolidated Bank Account as at April 30

Part 6 – Consolidated Bank Account – Detailed Estate Master List Information
Other Trust Account Information (for use with consolidated bank accounts identified under Part 3 as "Other") List Attached

Superintendent's Estate No. (if applicable)	Estate Name or Depositor's Name	Deposit Type	Bank Account No.	Trust Account Balance as at April 30

		<input type="checkbox"/> Summary <input type="checkbox"/> Ordinary <input type="checkbox"/> Division I Proposal <input type="checkbox"/> Division II Proposal <input type="checkbox"/> Receivership <input type="checkbox"/> Other (provide details):		
		<input type="checkbox"/> Summary <input type="checkbox"/> Ordinary <input type="checkbox"/> Division I Proposal <input type="checkbox"/> Division II Proposal <input type="checkbox"/> Receivership <input type="checkbox"/> Other (provide details):		
		<input type="checkbox"/> Summary <input type="checkbox"/> Ordinary <input type="checkbox"/> Division I Proposal <input type="checkbox"/> Division II Proposal <input type="checkbox"/> Receivership <input type="checkbox"/> Other (provide details):		

Part 7 – Individual Estate Bank Account Detailed Information

(A copy of the sub-ledger report, e.g., Summary of Estate Balances, may be attached)

List Attached

Superintendent's Estate No.	Estate Name	Deposit Type	Bank Institution No.	Bank Branch Address	Bank Branch Transit No.	Bank Account No.	Bank Account Balance as at April 30	Term Deposit Certificate No.	Term Deposit Balance as at April 30	Bank and Branch Where Term Deposit is Located
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		<input type="checkbox"/> Summary <input type="checkbox"/> Ordinary <input type="checkbox"/> Division I Proposal <input type="checkbox"/> Division II Proposal <input type="checkbox"/> Receivership <input type="checkbox"/> Other (provide details):								
		<input type="checkbox"/> Summary <input type="checkbox"/> Ordinary <input type="checkbox"/> Division I Proposal <input type="checkbox"/> Division II Proposal <input type="checkbox"/> Receivership <input type="checkbox"/> Other (provide details):								
		<input type="checkbox"/> Summary <input type="checkbox"/> Ordinary <input type="checkbox"/> Division I Proposal <input type="checkbox"/> Division II Proposal <input type="checkbox"/> Receivership <input type="checkbox"/> Other (provide details):								

Part 8 – Trust Transfer Account Detailed Information

Bank Institution No.	Bank Branch Transit No.	Transit Bank Account No.	Transit Bank Account Balance as at April 30	Receiving Bank Institution No.	Receiving Branch Transit No.	Receiving Bank Account No(s).