



**Schedule 1 — Annual Banking Report
Request for Bank Confirmation**

Part 1 — Acknowledgement: To be completed by the Licensed Insolvency Trustee (LIT)

I, the undersigned, do hereby submit this request in accordance with the Superintendent of Bankruptcy's Directive No. 5R8, *Estate Funds and Banking*. Paragraph 11(1)(a) of that Directive requires that LITs annually complete and deliver such a request to the Office of the Superintendent of Bankruptcy (OSB) for each bank branch holding trust accounts administered by the LIT as at April 30 of that year.

I understand that a representative of the Superintendent of Bankruptcy may present this request to the bank at any time during the year where it is determined that a bank confirmation is required. Costs associated with processing such a request are to be borne by the undersigned.

LIT (legal name)	Signature of LIT (authorized signing officer)	Date: mm/dd/yyyy
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Part 2 — Financial Institution Identification: To be completed by LIT

This Request for Bank Confirmation pertains to the following FINANCIAL INSTITUTION:	(Name, branch, and full mailing address)
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Part 3 — Notice to Financial Institution: To be completed by a representative of the Superintendent of Bankruptcy

The aforementioned LIT has reported that, as at April 30, trust accounts were held in your institution.

The Superintendent of Bankruptcy has a duty under the *Bankruptcy and Insolvency Act* to "from time to time, make or cause to be made any enquiry or investigation of estates or other matters to which this Act applies, including the conduct of a trustee or a trustee acting as a receiver [...] or as an interim receiver, that the Superintendent considers appropriate [...]" [Par. 5(3)(e)]

Pursuant to subsection 6(2) of the *Bankruptcy and Insolvency Act*, the "Superintendent, or any one duly authorized by him in writing on his behalf, is entitled to have access to and to examine and make copies of the banking accounts of a trustee in which estate funds may have been deposited, and, when required, all deposit slips, cancelled cheques or other documents relating thereto in the custody of the bank or the trustee shall be produced for examination."

I, as a duly authorized representative of the Superintendent, do hereby require confirmation of the bank accounts of the aforementioned LIT which are open as at:	Date: mm/dd/yyyy
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Details regarding the information requested are found in Part 4 of this document.	Address: Innovation, Science and Economic Development Canada Office of the Superintendent of Bankruptcy
Please provide this information to the undersigned at the following address:	
Name of OSB representative:	
Email address:	
Telephone:	
Fax:	
Signature of Representative	

Part 4 — Information Requested from Financial Institution: To be completed by financial institution

1. Specific Bank Accounts

Name of Account	Account Number	Amount of Related Term Deposits (if applicable)	Terms and Conditions of Related Term Deposits (if applicable)	Account Balance (in parentheses if overdrawn)

A. Are all of the above-listed accounts designated as "Trust Accounts"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have any of the above-listed accounts been pledged as collateral for loans or other credit instruments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. For the above-listed accounts, is the withdrawal or transfer of funds allowed by cheque only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Are there any arrangements in place allowing the LIT to overdraw the trust accounts? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Are you aware of any other trust accounts in the name of this LIT? If yes, please provide details as above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Comments
Please provide on a separate sheet any comments or additional information, if applicable.

3. Trust Account Agreement
Please provide a copy of the most recent Trust Account Agreement between the LIT and the financial institution.

4. Signing Authority
Please provide below, or on a separate sheet, a list of individuals with signing authority on all trust accounts.

Statement of Procedures Performed by Financial Institution

The above information was completed in accordance with our records.	
Authorized Signing Officer — Financial Institution	BRANCH CONTACT — Name and telephone number