

PERSONAL INFORMATION RETURN

for Directors, Officers, and Employees of
Exempt Trust Societies

INSTRUCTIONS

1. This form is required pursuant to section 289(3)(a) and 289(4)(o) of the *Financial Institutions Act*.
2. This form must not be handwritten, except for the signature. This form is offered as a fillable and saveable PDF form for your convenience. Use the pop-up calendar to select dates in all date fields.
3. All applicable information must be provided. If additional space is required for answers, attach additional typed/printed sheets as necessary.
4. A resume that includes employment history up to the date of submission of this return must be provided.
5. A criminal record check, performed by the appropriate police agency, must be attached and must have been performed within 90 days of submission.
6. A bankruptcy and insolvency check from the Office of the Superintendent of Bankruptcy Canada must be attached and must have been performed within 90 days of submission.
7. To protect your privacy, mark the envelope "Private and Confidential". If you do not, it will be opened with the regular mail.
8. Upon completion, please forward this form together with all supporting documents, marked private and confidential to:

BC Financial Services Authority
Attn: Financial Reporting and Standards
2800 - 555 West Hastings Street
Vancouver, BC V6B 4N6

Web: <https://www.bcfsa.ca/>

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authorities of section 26(a) and section 26(c) of the *Freedom of Information and Protection of Privacy Act*, and the *Trust and Deposit Business Exemption Regulation of the Financial Institutions Act*. The information is collected for the purposes of administering the *Financial Institutions Act*. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 2800 - 555 West Hastings Street, Vancouver, BC, V6B 4N6.

PART 1 – GENERAL INFORMATION

1. Personal Information for a: ☐ Director ☐ Officer ☐ Employee
(check all that apply)

2. Name of Corporation

3. Full Legal Name (first, middle, last)

4. All Previous Names (first, middle, last)

5. Residential Address (street number, city, province, postal code)

6. Phone Number

7. Citizenship

8. Place of Birth
(city, country)

9. Date of Birth (mm/dd/yyyy)

10. If you were born outside of Canada, indicate the date of your arrival in Canada (mm/dd/yyyy)

11. Driver's License #

12. Issuing Province/Territory

PART B – EMPLOYMENT

1. Position/Occupation

2. Name of Employer

3. Employer's Address (street number, city, province, postal code)

4. Phone Number

5. Email Address

Start Date for Employer

PART C – DESCRIPTION OF SECTION

1. List any memberships in professional societies or associations (if none, please indicate)

2. Have you, at any time, resided in a country outside of Canada ☐ Yes ☐ No

If Yes, please indicate the states and locations (country, state, province or territory) of each residency (mm/dd/yyyy)

From	Until	Location
From	Until	Location

3. Have you ever been convicted of, or are you currently charged with an offence, under the *Criminal Code* of Canada, provincial/territorial legislation or the legislation of any jurisdiction outside of Canada, for which you have not been granted a pardon? (includes impaired driving but not minor traffic offences) ☐ Yes ☐ No

A Criminal Record Check report must be provided as per [Instructions](#)

If Yes, please provide the type and details of the conviction or offence:

From (mm/dd/yyyy)	Description
From (mm/dd/yyyy)	Description

4. Has a civil judgment been made or disciplinary action taken against you, by professional organizations or self-regulating bodies? ☐ Yes ☐ No

If Yes, please provide the type and details of the judgement or action:

From (mm/dd/yyyy)	Description
From (mm/dd/yyyy)	Description

5. Under the laws of Canada or any other country, or state, have you ever: (a) been petitioned into bankruptcy, (b) made a voluntary assignment in bankruptcy, or (c) filed a proposal under any bankruptcy or insolvency legislation? ☐ Yes ☐ No

A Bankruptcy Check report must be provided as per [Instructions](#)

If Yes to 5. (a) or (b), please provide the following:

- i. Date of Assignment or Receiving Order (mm/dd/yyyy)
- ii. Date of Absolute Discharge (mm/dd/yyyy)
- iii. If Conditional, Date of Conditional Discharge (mm/dd/yyyy)
If Conditional Discharge, provide description of conditions:
- iv. Cause of Bankruptcy/Insolvency

If Yes to 5. (c) please provide the following:

v. Date of proposal

vi. Proposal was

☐

Accepted

☐

Rejected

vii. Current Status

viii. Description of Proposal Terms

A Bankruptcy and Insolvency Records Search Results report must be provided as per [Instructions](#)

PART D – Certification

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief, and hereby undertake to notify the BC Financial Services Authority immediately in writing of any material change therein.

I consent to the BC Financial Services Authority making such enquiries as it sees fit of government institutions, credit bureaus, financial institutions, current and past employers, and professional organizations or self-regulating bodies to which I belong or have belonged, for the purpose of investigating my suitability to be a person in a position to control or influence an exempt society under the *Trust and Deposit Business Exemption Regulation*, including, but not limited to, a criminal records search with the Royal Canadian Mounted Police or other law enforcement bodies, and a bankruptcy and insolvency records search.

I acknowledge and agree that the information contained in this return and attachments will be used for the purposes described above. I understand that it is an offence under the *Financial Institutions Act* to make a false statement and that it may also be an offence under the *Criminal Code* of Canada.

I am aware that I have duties and obligations under the *Society Act* and the *Financial Institutions Act* and that it is my responsibility to fully understand these duties and obligations.

Position/Title at Financial Institution

Signature

Date
