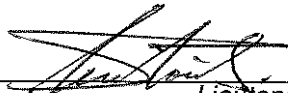


**PROVINCE OF BRITISH COLUMBIA**  
**ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL**

Order in Council No. **494** , Approved and Ordered **JUN 26 2008**

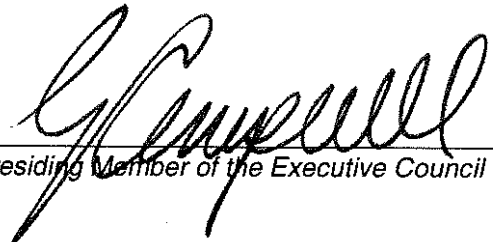
  
\_\_\_\_\_  
Lieutenant Governor

**Executive Council Chambers, Victoria**

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that the attached Trust and Deposit Business Exemption Regulation is made.



\_\_\_\_\_  
Minister of Finance



\_\_\_\_\_  
Presiding Member of the Executive Council

*(This part is for administrative purposes only and is not part of the Order.)*

**Authority under which Order is made:**

Act and section:- Financial Institutions Act, R.S.B.C. 1996, c. 141, s. 289 (4) (o)

Other (specify):- \_\_\_\_\_

June 2, 2008

R/421/2008/33

## SCHEDULE

# TRUST AND DEPOSIT BUSINESS EXEMPTION REGULATION

### Definitions

1 In this regulation:

“**Act**” means the *Financial Institutions Act*;

“**disability assistance**” has the same meaning as in the *Employment and Income Assistance for Persons with Disabilities Act*;

“**income assistance**” has the same meaning as in the *Employment and Income Assistance Act*;

“**recipient**” means an individual

(a) to or for whom income assistance is provided under the *Employment and Income Assistance Act*, or

(b) to or for whom disability assistance is provided under the *Employment and Income Assistance for Persons with Disabilities Act*;

### Exempted societies

2 Subject to the conditions set out in section 3, the Coast Foundation Society and the St. James Community Service Society are exempt from section 70 [*unauthorized trust business by corporation prohibited*] of the Act.

### Conditions on exemptions

3 In order to qualify for an exemption under section 2

(a) the society must maintain the following insurance for its officers, directors and employees engaged in the society’s trust business:

(i) fidelity insurance, providing coverage in an amount not less than the amount determined by multiplying the total value of the assets held in trust by the society by 0.5%;

(ii) errors and omissions insurance, providing coverage in an amount not less than \$500 000 for each error, to an annual maximum of \$2 million for all errors reported during the year.

(b) the society may not hold, for any individual, a trust or estate that exceeds \$500 000 in value, exclusive of the value of the individual’s principal residence, and

(c) each director, officer and employee of the society engaged in the trust business of the society must

(i) submit a personal information return to the superintendent in the form attached as Schedule 1, and

(ii) notify the superintendent immediately in writing of any material change to the information provided under subparagraph (i).

**Exemption – administration of income or disability assistance**

- 4 (1) A corporation that contracts with
- (a) the Province to receive and administer, on a recipient's behalf, income or disability assistance provided to or for the recipient, or
  - (b) the government of Canada to administer benefits payable under the Canada Pension Plan, the *Old Age Security Act (Canada)* or another federal Act
- is exempt from section 70 [*unauthorized trust business by corporation prohibited*] of the Act.
- (2) A person that contracts with
- (a) the Province to receive and administer, on a recipient's behalf, income or disability assistance provided to or for the recipient, or
  - (b) the government of Canada to administer benefits payable under the Canada Pension Plan, the *Old Age Security Act (Canada)* or another federal Act
- is exempt from section 81 [*unauthorized deposit business prohibited*] of the Act.
- (3) An exemption under this section applies only for the purposes of the corporation or person, as the case may be, providing the services described in subsection (1) or (2).



The Best Place on Earth

# Financial Institutions Commission

Ministry of Finance

## PERSONAL INFORMATION RETURN for Directors, Officers and Employees

### INSTRUCTIONS:

1. This form is required pursuant to section 289 (3) (a) of the *Financial Institutions Act*.
2. This form must be typewritten or printed.
3. All applicable information must be provided. Attach additional typed/printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1200, 13450 - 102<sup>nd</sup> Avenue, Surrey, British Columbia, V3T 5X3.
5. All material requested must be submitted at the same time.

*Freedom of Information and Protection of Privacy Act*  
The Information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, 604-953-5300, Suite 1200, 13450 - 102<sup>nd</sup> Avenue, Surrey, BC V3T 5X3

### A. GENERAL INFORMATION

1. Personal Information for a: (check all applicable)

- Director                     
  Officer                     
  Employee

2. Name of corporation: \_\_\_\_\_

3. Full legal name: \_\_\_\_\_  
*Surname* *Full Given Names*

4. All previous names: \_\_\_\_\_  
*Surname* *Full Given Names*

5. Residential address (include postal code): \_\_\_\_\_  
\_\_\_\_\_

*Area Code*

*YY/MM/DD*

6. Telephone number: (     ) \_\_\_\_\_

7. Date of birth: \_\_\_\_\_

8. Place of birth: \_\_\_\_\_  
*City* *Country*

9. Citizenship: \_\_\_\_\_

*YY/MM/DD*

10. If you were born outside Canada, indicate date of your arrival in Canada: \_\_\_\_\_

11. Driver's Licence No: \_\_\_\_\_ Issued by: (Prov./Territory): \_\_\_\_\_

### B. EMPLOYMENT

1. Present position or occupation: \_\_\_\_\_

*YY/MM/DD*

2. Start date of present employment: \_\_\_\_\_

3. (i) Name of present employer: \_\_\_\_\_

(ii) Address: (include postal code) \_\_\_\_\_

(iii) Telephone number: \_\_\_\_\_  
*Area Code*

### C. OTHER INFORMATION:

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

2. Have you at any time resided in a country outside Canada?  YES  NO

If yes, indicate the dates and locations (country and, if applicable, state, province or territory) of those periods of residency:

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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 Canada? (This includes impaired driving but not minor traffic offences.)

YES  NO

If yes, please provide details of the conviction/offence:

YY/MM/DD

(i) Date of conviction:

(ii) Type of conviction:

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4. Has a civil judgement been made or disciplinary action taken against you by a professional organization or self-regulating body?  YES  NO

If yes, please provide details of the judgement or action:

YY/MM/DD

(i) Date of judgement or action:

(ii) Type of judgement or action:

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5. Have you ever been petitioned into bankruptcy or made a voluntary assignment in bankruptcy under the laws of any province, territory, state or country?  YES  NO

If yes, please provide details of bankruptcy:

YY/MM/DD

(i) Date of assignment or receiving order:

YY/MM/DD

(ii) Date of absolute discharge:

YY/MM/DD

(iii) If conditional discharge, date of conditional discharge:

and description of conditions:

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(iv) Cause of bankruptcy:

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**CERTIFICATION**

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief.

I consent to the Financial Institutions Commission 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.

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.

SIGNATURE

TITLE

DATE SIGNED

YYYY

MM

DD