

We're here to help.

Legal Name of Trustee	
Account Name(s)	
Account Number(s)	

I am a (check one):

- ☐ Professional Trustee (where the Professional Trustee is an Individual)
- ☐ Senior Officer¹ of the Professional Trustee (where Professional Trustee is not an Individual)

Contact Information (check one):

- ☐ I am providing contact information for the first time (complete table below)
- ☐ Contact information has changed (complete table below)
- ☐ Contact information has not changed since the last Professional Trustee Account attestation

PROFESSIONAL TRUSTEE/SENIOR OFFICER CONTACT INFORMATION

*Completion of all fields in the table below is mandatory.

Name			
Street Address			
City		Province	
Postal Code		Phone Number	
Email			

Attestation:

1. I attest that the trustee named is a Professional Trustee, as defined by the *Canada Deposit Insurance Corporation Act*², as it is (check one):

- ☐ The public trustee of a province or a similar public official whose duties involve holding moneys in trust for others
- ☐ A federal, provincial or municipal government, or a department or agency of such a government
- ☐ A lawyer or partnership of lawyers, a law corporation, or a notary or partnership of notaries in the province of Quebec, when they act in that capacity as a trustee of moneys for others
- ☐ A person who is acting as a trustee of moneys for others in the course of business and is required by or under a statute to hold the deposit in trust
- ☐ A person who is acting as a trustee of moneys for others in the course of business and is subject to the rules of a securities commission, stock exchange or other regulatory or self-regulating organization that audits compliance with those rules
- ☐ A regulated federal or provincial trust company acting in the capacity of a depositor

¹ **Senior officer** means, in respect of a Professional Trustee **(a)** its chief executive officer or a member of its board of directors, or an individual who performs functions similar to those normally performed by someone occupying one of those positions; or **(b)** an officer who reports directly to a person referred to in paragraph (a) or to the board of directors.

² Please visit CDIC's website at <https://www.cdic.ca/financial-community/for-trustees/for-professional-trustees/> for more information about the upcoming Professional Trustee changes.

2. By signing below, I further attest that:

- The deposits in the above-mentioned account(s) are held in trust by a Professional Trustee;
- The trustee is not acting in the capacity of a nominee broker³ with respect to those deposits;
- The contact information provided above is accurate and up to date; and
- I request that the above-mentioned account(s) be identified as Professional Trustee account(s) ("PTA")

Acknowledgment of Responsibilities:

3. I acknowledge that the Professional Trustee has the following obligations for the accounts identified as PTAs

- Maintain a record that sets the current name and address of each beneficiary of a deposit in the account and the amount or percentage of interest or right of each beneficiary.
 - If the deposit is held under a special income arrangement⁴, the type of arrangement and the name and address of the individual for whose benefit the arrangement is established.
- Provide an annual attestation in April of each year in respect of the PTA designation to (Member Institution) and update contact information if applicable.
- Notify (Member Institution) if the Trustee no longer qualifies as a Professional Trustee or no longer wants the accounts designated as PTA with a request that the PTA designation be removed, and
- Provide beneficiary information for the PTA(s) to CDIC in a suitable electronic format when requested by CDIC to do so.

Required Information:

4. I understand that if the Professional Trustee fails to provide the required information for PTA to (Member Institution) by April 30 of each year, the designation of the account(s) as PTA will be removed by (Member Institution).
5. I understand that if the Professional Trustee fails to provide the beneficiary information for the above-mentioned accounts to CDIC when requested to do so by CDIC, there could be a reduction or loss of deposit insurance coverage for the above-mentioned account(s).
6. I understand that the information provided in this form will be used by (Member Institution) and shared with CDIC for the purposes indicated above. By signing this form, I consent to the use and sharing of the information in this form, including personal information, for this stated purpose.

Signature:

Name of Professional Trustee or Senior Officer	
Signature of Professional Trustee or Senior Officer	
Date of Attestation	

³ **Nominee Broker**, under the *CDIC Act*, a person who is a party to an agreement or arrangement with a member institution in order to make deposits as a nominee on behalf of another person.

⁴ **Special Income Arrangements** are set out in Division G of the *Income Tax Act*. For the purposes of deposit insurance, the *CDIC Act* refers to five types of Special Income Arrangements that receive separate deposit insurance protection. These are: 1. Registered Retirement Savings Plans (RRSPs), 2. Registered Retirement Income Funds (RRIFs), 3. Effective April 30, 2022, Registered Education Savings Plans (RESPs), 4. Effective April 30, 2022, Registered Disability Savings Plans (RDSPs), and 5. Tax-Free Savings Accounts (TFSA).