

APPLICATION FOR (please check applicable box)

Form J1 – 2 Applicant Form (Revised May 2015)

☐ Administration Bond ☐ A	dministration with V	Vill Annexed Bond ☐ Guardians	ship Bond	perty Guardianship (Committee) Bond				
Agent/BrokerQuestions 1-7 to be completed fo	r all bond request	Bond Amo	Bond Amount \$					
Applicant #1 Full name of applicant #2 Full name of applicant #3 Full name of applicant #4	cant							
Residence address			F	Postal Code				
Email address		Phone Num	ber					
		upation)						
				ployed since				
	Residence address Postal Code Email address Phone Number							
·		upation)						
				ployed since				
2. Has applicant ever had this or an	y other bond declir		☐ Yes	□ No				
On what date were you appointe	d to this trust?							
, ,,	·	nis matter?						
•	•	t desired that our bond be substituted						
•								
Relationship of Applicant #2 to o	deceased, infant, oi	mentally incompetent (as the case in	may be)?					
5. Is the estate subject to dispute, c	5. Is the estate subject to dispute, or litigation either now or anticipated in the future?							
6. Name and address of solicitor for	r the estate							
7. Are you or is any corporation, co		•		tate?				
		dness and how is same secured? ation or Administration with Will A						
	only to Administra	ation of Administration with Will A	illiekeu Bollus					
Name in full of deceased			Data of death					
Place of death			Date of death					
Names, ages, relationship and acwhat legal disposition will be made.		iciaries entitled to the estate. If any the estate.	minors or other legally	incompetents, advise by letter				
Name	Age	Relationship to Deceased	Residence Address	(Number, Street, and City)				
10. In which Court and County (or Registry in British Columbia) are letters of administration being applied for?								
a. Did the deceased die Testa c. Explain (on a separate sheet		-	I					
12. If the estate includes a Busines	ss or Farm among	the assets, state its name, its nature	and whether it will be	continued or wound up immediately.				
13. a. It is expected that realization and distribution of the estate will be closed out within months or years b. If over two years please explain why not earlier								
Questions 14 – 16 inclusive relate only to Property Guardianship (Committee) Bonds								
14. a. Name of incompetent			b. Age of	incompetent				
·								
15. a. To what court is applicationb. Name of Judge	<u> </u>							

Questions 17 – 24 inclusive relate o	years, explain why:										
Questions 17 – 24 inclusive relate o											
	,		Questions 17 – 24 inclusive relate only to Guardianship Bonds								
17. a. Names and addresses of father and mother of infants, if living											
19. With whom and where do they res	side?										
	olves upon infants whether by w	vill, deed or other o	docum	nent or by intestacy. If by will, deed or othe	er document,						
21. Nature and amount of assets devo	olving to infants										
22. To what court is application for let	ters of guardianship being made	e?									
23. When will guardianship be ended	?										
25. I am enclosing a copy of the proportion of t	why not				n a copy of the						
breakdown furnished to the Court											
27. Statement of assets and liabilities	of APPLICANT (Use Form G8			1.000	10 10						
Assets		Omit Cents	Liabilities		Omit Cents						
R.R.S.P.'s (all types) Deposits in Banks, Trust Cos. etc. (inc	Don Cort CS Bonds)	\$	Credit cards		\$						
Marketable Stocks, Bonds and Mutual				Accounts Payable/Unpaid Bills Current Bank or Credit Institution Loans							
Accounts and notes receivable			Long Term Bank or Credit Institution Loans								
Real estate (type and location)			Mortgages								
			Oth	ner Loans and Notes payable							
In whose name(s) is it registered?			All other debts and liabilities consisting of								
Other assets consisting of CAR, HOUS	SEHOLD CONTENT		7 (11	other debte and naphrities consisting or							
Total		\$	Total		\$						
For each applicant, please provide the	ne names and addresses of three	e references (not	relate	d through family):	·						
Name	Occupation	Daytime Phone I	No. Address								

PLEASE READ THIS CAREFULLY

I warrant the truth of the answers given to the foregoing questions and in consideration of Western Surety Company ("WSC") agreeing to execute the Bond herein applied for, I do hereby undertake and agree to pay, or cause to be paid, to WSC, the premium therefor in accordance with the regular scheduled rates of WSC then in force, and annually thereafter pay to WSC in advance the premium therefor in accordance with its rates until WSC shall be discharged and released from any and all liability thereon and furnished with written legal evidence of such discharge.

I further agree to comply strictly with all conditions of the Court and all the requirements of law in the performance of my trust including passing of accounts as stipulated by law; and I agree at any reasonable time to furnish WSC with information regarding the administration of the estate concerned and to allow it to inspect the books, records and accounts thereof; and I hereby covenant and agree to reimburse WSC for any and all loss. costs, charges, suits, damages, counsel fees and expenses of whatever kind or nature which WSC shall sustain, or incur, or be put to, for, or by reason, or in consequence of WSC having entered into or executed said Bond.

I authorize use of the information requested on this form by WSC for the purposes of processing the application to which it relates, risk assessment, providing services, investigating claims, processing claims and any other purpose authorized by law (each, an "Authorized Purpose"). I authorize access to, and disclosure of, this information to those WSC employees, contractors, administrators, reinsurers and agents who have a need to know for any Authorized Purpose and to any other person as authorized by law. I authorize WSC to use any information about me contained in WSC's existing files for any Authorized Purposes. To the extent I am providing any information on this form about a third party, I confirm that I have the authority to provide such information.

I authorize WSC and its agents to periodically investigate my credit history, financial standing, character and reputation for any Authorized Purpose. I authorize my credit reporting agency, financial or other institution with whom I have had dealings and any reference provided by me to disclose to WSC and its agents any information about me in connection with any such investigation.

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	WITNESS my hand and seal this	day of		·				
Witness			Applicant # 1					
Witness			Applicant # 2					