

APPLICATION FOR (please check applicable box)

Form J1 - 3 Applicant Form (Revised May 2015)

☐ Administration Bond	☐ Administration w	ith Will Annexed Bond	☐ Guardians	ship Bond	☐ Propert	y Guardianship (Committee) Bond
Agent/BrokerQuestions 1-7 to be comp	leted for all bond requ	ests	Bond Amo	ount \$	(REQUIRE	D - PLEASE COMPLETE)
1. Applicant #1 Full name	of applicant:					
Residence address	-				Posta	al Code
Occupation or employm	ent (if retired, previous	occupation)				
Name of employer					_ Employe	ed since
Applicant #2 Full name of	of applicant:					
Residence address					Posta	al Code
Email address			Phone Num	nber		
Occupation or employm	ent (if retired, previous	occupation)				
Name of employer					_ Employe	ed since
Applicant #3: Full name of	of applicant:					
Residence address					Posta	al Code
Email address			Phone Num	nber		
Occupation or employm	ent (if retired, previous	occupation)				
Name of employer					_ Employe	ed since
Has applicant ever had t If yes, give reason, date	-				Yes	□No
On what date were you a Will this be the first and a	appointed to this trust?					
If not, who is the current				d therefore?		
ii not, who is the surrent	- Junety 101 you, and willy	To it desired that our be				
4. Relationship of Applicat	nt #1 to deceased, infan	t, or mentally incompete	ent (as the case r	may be)?		
Relationship of Applicat	nt #2 to deceased, infan	t, or mentally incompete	ent (as the case r	may be)?		
Relationship of Applicat	nt #3 to deceased, infan	t, or mentally incompete	ent (as the case r	may be)?		
5. Is the estate subject to d	lispute, or litigation eithe	er now or anticipated in	the future?		Yes	□ No
6. Name and address of so	olicitor for the estate					
7. Are you or is any corpora	ation, co-partnership or	other concern in which	you have an inter	rest indebted to	the estate?	?
If so, what is the amount	and nature of said inde	btedness and how is sa	ame secured?			
Questions 8 – 13 inclusive	e relate only to Admini	stration or Administra	ation with Will A	nnexed Bonds		
8. Name in full of deceased	4					
				Date of death		
1 1400 01 404111				Date of death		
Names, ages, relationsh what legal disposition wi	•		ne estate. If any r	minors or other	legally inco	empetents, advise by letter
Name	Age	Relationship to D	eceased	Residence Ad	ldress (Nur	mber, Street, and City)
	l .					
10. In which Court and Cou	unty (or Registry in Britis	sh Columbia) are letters	of administration	being applied f	or?	
	Name of ju	udge				
a. Did the deceased di c. Explain (on a separa			attach copy of wil	II		
12. If the estate includes a	Business or Farm amo	ong the assets, state its	name, its nature	and whether it	will be cont	inued or wound up immediately.
13. a. It is expected that reb. If over two years ple	ealization and distributio			-	nths or	years

Questions 14 – 16 inclusive relate	only to Property Guardianship (Committee) Bor	nds		
14. a. Name of incompetent b. Age of incompetent c. Where does incompetent reside now?					
15. a. To what court is application b	eing made?				
16. a. How often will a passing of the					
b. If less frequent than every tw	o years, explain why:				
Questions 17 – 24 inclusive relate	only to Guardianship Bonds				
	<u> </u>				
18. Names and ages of the infants in	n respect of whom letters of guardia	anship are being	applie	ed for	
19. With whom and where do they re	eside?				
	volves upon infants whether by will		docum	ent or by intestacy. If by will, deed or othe	r document,
21. Nature and amount of assets de	volving to infants				
22. To what court is application for le	etters of guardianship being made?)			
23. When will guardianship be ende	d?				
25. I am enclosing a copy of the pro	posed court order in connection wit		_		
26. I am enclosing a true copy of the		estate		o If no, please explain why not and attach	a copy of the
27. Statement of assets and liabilitie	s of APPLICANT (Use Form G8 for	or Applicants #	2 & #3	3)	
Assets		Omit Cents	Lial	pilities	Omit Cents
R.R.S.P.'s (all types)		\$	Credit cards		\$
Deposits in Banks, Trust Cos. etc. (in	posits in Banks, Trust Cos. etc. (inc. Dep. Cert., CS Bonds) Accounts Payable/Unpaid Bills			ounts Payable/Unpaid Bills	
Marketable Stocks, Bonds and Mutu-	al Funds (present market value)		Cur		
Accounts and notes receivable		Lon			
Inventory		Mor	tgages		
Real estate (type and location)					
			Other Loans and Notes payable		1
In whose name(s) is it registered?		All c	other debts and liabilities consisting of	†	
Other assets consisting of CAR, HO	JSEHOLD CONTENT				
Total		\$	Tota	al	\$
For each applicant, please provide	the names and addresses of three	references (not	related	d through family):	
Name		Daytime Phone		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.

WITNESS my hand and seal this	day of	·	
Witness		Applicant # 1	
Witness		Applicant # 2	
Witness		Applicant # 3	