

HOW TO REMIT UNCLAIMED REAL ESTATE TRUST FUND DEPOSITS

1. Fill out Form A (Holder Remittance Summary) and Form B (Detailed Owner Information).^{1.}

Note: If you have 10 or more owners please create a spreadsheet Form b and send by email or diskette.

 - a) create a spreadsheet using MS Excel Version 95 or later
 - b) the spreadsheet must contain all the section highlighted on Form B
2. Ensure that the total of all properties being reported equals the total \$ amount remitted.
3. If submitting a joint trust fund, please provide information for each owner.
4. Submit Form A (Holder Remittance Summary) and Form B (Detailed Owner Information) with your cheque for the total amount of all unclaimed balances being remitted to the Society. The cheque should be made payable to the British Columbia Unclaimed Property Society and sent to the address noted above.
5. The Society will respond with a letter confirming receipt of the unclaimed money deposit. If you have any questions or require clarification, please contact our office.

1. *Freedom of Information and Protection of Privacy Act*: The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Unclaimed Property Act*. Questions about the collection or use of this information can be directed to the Manager of the British Columbia Unclaimed Property Society at 604.662.3518.

Form A - Real Estate Agency Remittance Summary

Name of Real Estate Agency	
Real Estate Agency Address (include Street and Mailing, Province and Postal Code)	
Name of Contact Person and Title	
Telephone Number	()
Fax Number	()
Email	
Total Number of Trust Funds being remitted	
Total Dollar Value of all Trust Funds being remitted (i.e. cheque total)	

Form B - Detailed Owner Information

(for each trust fund being remitted)

Name of Owner: <i>(First, Middle, Last)</i>			
Last Known Address: <i>(Street and Mailing)</i>			
Province:		Postal Code:	
Phone No:		Fax No/Email:	
Date of Birth: <i>(YYYY-MM-DD)</i> <i>If available</i>		SIN: <i>If available</i>	DL#: <i>If available</i>
Owner's Lawyer <i>(Name and address if available):</i>			
Other contact Name and Address:			
Other identifying information:			
Date fund deposited with agent: <i>(YYYY-MM-DD)</i>		Balance of trust fund on date remitted:	\$
Description of reasonable efforts taken by agent to locate the owner <i>(list chronologically by date):</i>			
<i>Please attach any supporting documentation that would assist our office in validating a claim.</i>			