

## Request the PGT to become pension trustee for an incapable adult

This form is used when a request is being made to the Public Guardian and Trustee (PGT) strictly for pension trustee management. If there are concerns of abuse, neglect, or self-neglect that need urgent attention or if you are uncertain if a pension trustee authority will effectively address the adult's financial affairs, please call the Assessment and Investigation Services team at 1-877-511-4111 to discuss the situation, or make a referral via the online referral form on our website at [www.trustee.bc.ca/referrals](http://www.trustee.bc.ca/referrals).

**The following documents must be submitted to the PGT by mail.  
Incomplete or electronic submissions will be returned:**

Completed Pension trustee management request form

Original version of the [Certificate of Incapability \(ISP 3505\) form](#) completed by a medical doctor

Original version of the completed Canada Revenue Agency (CRA)  
[Authorize a Representative for Offline Access – AUT-01 form](#)

Please complete this form and send it to the PGT along with other required documents **by mail**, attention to:

**Assessment and Investigation Services**

700 – 808 West Hastings Street,  
Vancouver, B.C. V6C 3L3

**Important note:** Service Canada does not accept scanned or faxed submissions or applications. For this reason, the PGT requires original documents to process pension trustee requests. Scanned or faxed submissions will be returned to the sender.

If you have any questions please contact our Assessment and Investigation Services team at 1-877-511-4111.

Information is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and other applicable legislation. If you have any questions about the collection, use or disclosure of information, contact the PGT's Information and Privacy Officer at 604-660-4444 or [mail@trustee.bc.ca](mailto:mail@trustee.bc.ca).

## Request the PGT to become pension trustee for an incapable adult

### The adult's personal information

Last name	First name	Middle name
Maiden name	Name other than legal name	
Marital status	Name of spouse (if applicable)	
Date of birth (MM/DD/YY)	If English is not the adult's primary language, what is their language?	
Gender	Personal health number	Social insurance number

#### Is the adult Indigenous?

Unknown    No    Yes    If known and applicable, enter Status/Land Claim Beneficiary number

Current location of the adult	Address - Street	
Home		
Hospital	Apartment/Suite no.	City
Facility		
No fixed address	Postal code	Phone number

If facility or hospital:	Name of facility/hospital	Date of admission (MM/DD/YY)
--------------------------	---------------------------	------------------------------

#### Is the adult pending admission into a long-term care home or other supported living residence?

No    Yes

Is the adult aware of this request?

Yes

No

Unsure

If yes, describe their response:

## The adult's financial information

Financial institution

Branch information

Account number

Estimated balance

## Reason for the request

**Important:** The PGT acts as pension trustee **only** when the adult receives Old Age Security, Canada Pension Plan and/or Guaranteed Income Supplement as their only source of income.

**Describe the information collected that indicates the adult does not have:**

1. Any other sources of income other than OAS, CPP and/or GIS
2. other assets that may require management, or
3. an outstanding legal issue

**Important:** The PGT acts as pension trustee **only** when there are no other family members, friends or other institutions willing, able and appropriate to support the adult.

**Describe what efforts have been made to locate others to assist the adult and why the PGT is the only other option.**

## Family or other contact persons

Note: if you have more than 2 contact persons, please add them in a separate document when sending this form to the PGT.

### Person #1

<b>Name</b>	<b>Phone</b>	<b>Email</b>
<b>Address</b>		<b>Relationship to adult</b>

### Person #2

<b>Name</b>	<b>Phone</b>	<b>Email</b>
<b>Address</b>		<b>Relationship to adult</b>

## Referring party

Please provide your contact details so we can contact you about this request.

<b>Referred by</b>	<b>Date of request (MM/DD/YY)</b>	
<b>Relationship to adult</b>	<b>Phone</b>	<b>Email</b>
<b>Address</b>		

Please sign below to confirm that the information you have provided above is true, accurate and completed to the best of your ability.

<b>Signature</b>	<b>Date (MM/DD/YY)</b>
------------------	------------------------