

Schedule L

REFUND FUND DISCLOSURE FORM

THIS INFORMATION IS GIVEN TO YOU AS REQUIRED BY THE LIFE LEASES ACT

Life Lease Complex:	Name: _____ Location: _____																														
Landlord: <i>(if agent, disclose owner)</i>	Name: _____ Address: _____																														
Trustee: <i>(if applicable)</i>	Name: _____ Address: _____ Contact: _____ Phone: _____																														
Refund Fund Status:	For fiscal year ending: _____ Date Beginning of fiscal year balance: \$ _____ Market value End of fiscal year balance: \$ _____ Market value Additional information: Entrance fees deposited to fund: \$ _____ Contributions from other sources <i>(Specify)</i> : _____ Dividend/interest income earned: \$ _____ Fees and expenses: \$ _____ Refunds to tenants: \$ _____ Amounts withdrawn for purposes of the complex: \$ _____ Amounts owing to tenants at end of fiscal year: \$ _____ <i>(Include amounts payable to tenants who have given or been given notice of termination before the end of the fiscal year.)</i>																														
Refund Fund Investments: <i>*Cost means the purchase price of the investment.</i> <i>**Market value means the value of the investment as of the above fiscal year ending date.</i>	As of _____ <i>(date of above fiscal year end)</i> , the refund fund consists of the following investments: A. Bonds, securities and other investments fully backed by government or the Canadian Deposit Insurance Corporation or a guarantee fund of a credit union or caisse populaire as per the <i>Investment Restrictions Regulation of The Life Leases Act. (Specify total cost and market value for all investments of this type.)</i> \$ _____ \$ _____ Cost* Market Value** B. Other Investments <i>(Specify cost and market values for each. Attach additional schedule if necessary.)</i> <table style="width:100%; border: none;"><tr><td style="width:50%; border: none;">_____</td><td style="width:20%; border: none;">\$ _____</td><td style="width:30%; border: none;">\$ _____</td></tr><tr><td style="border: none;"></td><td style="border: none; text-align: center;">Cost</td><td style="border: none; text-align: center;">Market Value</td></tr><tr><td style="border: none;">_____</td><td style="border: none;">\$ _____</td><td style="border: none;">\$ _____</td></tr><tr><td style="border: none;"></td><td style="border: none; text-align: center;">Cost</td><td style="border: none; text-align: center;">Market Value</td></tr><tr><td style="border: none;">_____</td><td style="border: none;">\$ _____</td><td style="border: none;">\$ _____</td></tr><tr><td style="border: none;"></td><td style="border: none; text-align: center;">Cost</td><td style="border: none; text-align: center;">Market Value</td></tr><tr><td style="border: none;">_____</td><td style="border: none;">\$ _____</td><td style="border: none;">\$ _____</td></tr><tr><td style="border: none;"></td><td style="border: none; text-align: center;">Cost</td><td style="border: none; text-align: center;">Market Value</td></tr><tr><td style="border: none;">Total Other Investments:</td><td style="border: none;">\$ _____</td><td style="border: none;">\$ _____</td></tr><tr><td style="border: none;"></td><td style="border: none; text-align: center;">Cost</td><td style="border: none; text-align: center;">Market Value</td></tr></table> C. Total of A and B <i>(Total market value should equal end of fiscal year balance shown in Refund Fund Status.)</i> \$ _____ \$ _____ Cost Market Value	_____	\$ _____	\$ _____		Cost	Market Value	_____	\$ _____	\$ _____		Cost	Market Value	_____	\$ _____	\$ _____		Cost	Market Value	_____	\$ _____	\$ _____		Cost	Market Value	Total Other Investments:	\$ _____	\$ _____		Cost	Market Value
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	Cost	Market Value																													
Total Other Investments:	\$ _____	\$ _____																													
	Cost	Market Value																													
Certification:	<i>To be signed by the trustee appointed under The Life Leases Act to administer the refund fund. If no such trustee is appointed, to be signed by the owners of the life lease complex or, if the owner is a corporation, by its authorized signing officer(s).</i> I, _____ position and I, _____ position of _____, certify that the information given in this form is (name of life lease complex/corporation) complete and accurate to the best of my knowledge. _____ Signature Date _____ Signature Date																														