



**COURIER:** 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9  
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**CEMETERY & FUNERAL SERVICES**  
Change of  
Savings Institution (Trust)

**Preneed cemetery or funeral services (Trust)**

According to [Section 40 of the Business Practices and Consumer Protection Act](#), money received under contract must be held in trust with a savings institution in British Columbia. The savings institution is the trustee of the preneed trust account established with it and the institution must administer the account in accordance with the regulations, and in accordance with the terms of a written trust agreement between the savings institution and the supplier.

**Care fund**

According to [Part 7 of the Cremation, Interment and Funeral Services Act](#), if the director has ordered an operator of a place of interment to establish a care fund, the operator must establish and administer the care fund (a) as a trust account with a savings institution in British Columbia, (b) by entering into a trust agreement with the savings institution that includes the types of terms prescribed, and (c) in accordance with the regulations. The savings institution is the trustee of the care fund established with it and must administer the account (a) in accordance with the regulations, and (b) in accordance with the terms of a written trust agreement between the savings institution and the operator of the place of interment to which the care fund relates.

**This request form must be completed by the licensee and sent, with supporting documents, to [businesspractices@consumerprotectionbc.ca](mailto:businesspractices@consumerprotectionbc.ca) for review and approval**

**BUSINESS INFORMATION**

Licensee name: \_\_\_\_\_  
Doing business as: \_\_\_\_\_  
Licence number: \_\_\_\_\_

**TYPE OF CHANGE**

Check all that apply:     Preneed cemetery or funeral services                       Care fund

**SAVINGS INSTITUTION**

From: \_\_\_\_\_ Acct #: \_\_\_\_\_  
To: \_\_\_\_\_ Acct# (leave blank if unknown): \_\_\_\_\_

**SUPPORTING DOCUMENTATION**

Proposed trust agreement with the new savings institution

I certify that the information contained in this request form including the attached documentation is complete and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_

**Next steps:**

Once your request has been reviewed and approved by our office, we will send you a letter of permission to proceed with the transfer of the trust account. Any money paid and any interest accumulated to date must be deposited into the new account. Once the funds have been transferred, you must provide us with the closing balance of the previous account and the opening balance of the new account for our records. All documents must be sent to us at [businesspractices@consumerprotectionbc.ca](mailto:businesspractices@consumerprotectionbc.ca).