Form F3

OPENING OF A PRIVATE TRUST ACCOUNT

Sections 64 and 68 of the *Regulation respecting accounting*

*and standards of professional practice of advocates*

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| IMPORTANT A duly signed copy of this document must be submitted, at the time the account is opened, to the client/depositor, to the Registry Office of the Barreau du Québec and to the depositary financial institution. The advocate(s) must also keep a copy thereof. |

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| **SECTION 1 - Information on the FIRM** | |
| **Name of the firm:** |  |
| **Address:** |  |
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| **SECTION 2 - Information on CLIENT(S)/DEPOSITOR(S)** | | | |
| **Client/depositor 1** | | **Client/depositor 2** | |
| **Last name:** |  | **Last name:** |  |
| **Given name:** |  | **Given name:** |  |
| **Address:** |  | **Address:** |  |
|  |  |  |  |
| **File no.:** |  | **File no.:** |  |

Complete Section 3 or Section 4 depending on whether the private account being opened is a bank account or an investment

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| **SECTION 3 - Information on the PRIVATE TRUST BANK ACCOUNT** *(All sums of money deposited in a private trust account must originate from a general trust account)* | | | | | |
| ORIGINATING GENERAL TRUST ACCOUNT | | | | | |
| Transit no.: |  | Financial institution no.: |  | Account no.: |  |
| IDENTIFICATION OF PRIVATE TRUST ACCOUNT | | | | | |
| Opening date of private trust account: | | |  |  |  | | --- | --- | --- | |  |  |  | | (DD / MM / YYYY) | | |
| Transit no.: |  | Financial institution no.: |  | Account no.: |  |

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| **SECTION 4 - Information on the THE INVESTMENT** *(All sums of money used to acquire an investment, held with a financial institution or securities dealer, which constitutes a private trust account must originate from a general trust account)* | | | | | |
| ORIGINATING GENERAL TRUST ACCOUNT | | | | | |
| Transit no.: |  | Financial institution no.: |  | Account no.: |  |
| IDENTIFICATION OF THE INVESTMENT | | | | | |
| Date of acquisition of investment: | | |  |  |  | | --- | --- | --- | |  |  |  | | (DD / MM / YYYY) | | |
| Name of financial institution or securities dealer | |  | | | |
| Address of financial institution or securities dealer | |  | | | |
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| **SECTION 5 – Declaration and signature of CLIENT(S)/DEPOSITOR(S) *or attach proof of his/their authorization*** | | | |
| I (we) request that the interest and other income generated by any amount deposited in this private trust account, or by any amount used for the acquisition of an investment which constitutes a private trust account, be my (our) property and/or the property of any person I (we) designate. I (we) have reviewed the conditions imposed by the Barreau du Québec (the "Bar") on the opening of this private trust account, which are set out in Section 6 of this form. | | | |
|  | **Signature** | **Place of signature** | **Date of signature** |
| **Client/depositor 1** |  |  | |  |  |  | | --- | --- | --- | |  |  |  |   DD MM YYYY |
| **Client/depositor 2** |  |  | |  |  |  | | --- | --- | --- | |  |  |  |   DD MM YYYY |

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| **SECTION 6 – Authorization and signature of the ADVOCATE(S) *or attach proof of his/their authorization*** |

1. I (we) hereby grant an irrevocable authorization, to the board of directors of the the Bar, to any person designated by the board of directors, to the Syndic of the Bar and his investigators, or to the Director of the Professional Quality of the Bar and his inspectors and experts:
   1. to request and obtain, at any time, from the depositary financial institution, all information, explanations and copies of any documents necessary for purposes of the application of the *Regulation respecting accounting and standards of professional practice of advocates*.
2. I (we) hereby grant an irrevocable authorization, to the board of directors of the Bar, to any person designated by the board of directors, to the Syndic of the Bar, or to the Director of the Professional Quality of the Bar:
   1. to disallow any transaction concerning sums of money held in trust;
   2. to take possession of any sum of money received on deposit by the advocate(s) in any general or private trust account in the event of the revocation of his/their licence(s), provisional, temporary or permanent disbarment, suspension or temporary or permanent limitation of the right to practice, and in the event of his/their death, disqualification, incapacity or inability to act;
   3. to revoke the signature of the advocate(s);
   4. to close the account.
3. I (we) undertake to notify the Registry Office of the Bar without delay in the event of a change in the financial institution, the opening or closing of a trust account, or the addition or removal of a signatory on a trust account.

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| **Signature of advocate(s)** | **Member number** | **Place of signature** | **Date of signature** |
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| Trust accounts officer / Registry Office Barreau du Québec Maison du Barreau 445, boulevard Saint-Laurent, 4th floor Montréal (Québec) H2Y 3T8  [registre.fideicommis@barreau.qc.ca](mailto:registre.fideicommis@barreau.qc.ca) |