

[date]

To:

Licensee Name:

Licensee Firm:

Licensee Address:

**Supplementary Report on a Mixed Trust Account
Filing Year _____**

**The Law Foundation of Ontario requests you to provide the information where indicated ,
within 30 days of receipt of this form:**

1. Financial Institution Information			
Name of Financial Institution where the mixed trust account is/was held:			
Branch address of Financial Institution:			
Transit number:			
Account number:			
Name in which account is/was held:			
2. Has this financial institution (at any time) been directed to pay interest on this account to the LFO? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Was this account open this year? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", date the account was open?			
4. Was this account closed this year? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", date the account was closed?			
5. Monthly Balance			
January	\$	July	\$
February	\$	August	\$
March	\$	September	\$
April	\$	October	\$
May	\$	November	\$
June	\$	December	\$

Signature

Date

Licensee Name (print)

Law Society Licensee Number