Schedule L

REFUND FUND DISCLOSURE FORM

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

Life Lease	Name:			
Complex:	Location:			
Landlord: (if agent,	Name:			
disclose owner)	Address:			
Trustee:	Name:			
(if applicable)	Address:			
	Contact:	Phone:		
Refund Fund Status:	For fiscal year ending: Date			
Status.	Beginning of fiscal year balance: \$Market va	nlue		
	End of fiscal year balance: Market va			
	Additional information: Entrance fees deposited to fund: \$			
	Contributions from other sources (Specify):			
	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	Amounts withdrawn for purposes of the complex: \$			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: \$(Include amounts payable to tenants			
	who have given or been given notice of termination before the end of the fiscal year.)			
Refund Fund Investments:	As of (date of above fiscal year end), the refund fund consists of the following investments:			
*Cost means the purchase price of the investment.	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 Investment Restrictions Regulation of The Life Leases Act. (Specify total cost and market value for all investments of this type.) S			
**Market value B. Other Investments (Specify cost and market values for each. Attach additional				
means the value of the investment	schedule if necessary.)	Φ Φ		
as of the above		\$\$ Cost	Market Value	
fiscal year ending date.		\$\$	Market Value	
enumg uuter				
		\$ \$ Cost	Market Value	
		\$ \$		
			Market Value	
	Total Other Investments:	\$\$		
		Cost	Market Value	
	C. Total of A and B (Total market value should	\$		
	equal end of fiscal year balance shown in Refund Fund Status.)	Cost	Market Value	
Certification:	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).			
	1,	position		
	and I,			
	of, (name of life lease complex/corporation)	position certify that the information given in this form is complete and accurate to the best of my knowledge.		
	Signature	Date		
	Signature	Date		