

T3 Application for Trust Account Number

Do not use this area.

Important – A signed copy of the trust document or will is needed in order for us to process your application. If a trust document or will is not received, the form will not be processed. The trust account number will be issued by mail.

Trust information	
Residence of the trust Specify country (if other than Canada) AUS	
If Canada, enter the province or territory Ontario	
Deemed resident Is this a deemed resident trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes , please specify any other country in which it is also considered resident. _____

Trust contact information		
Name of trust Orangeville Trust	Do not use this area T - -	
Name of trustee John Smith	Telephone number	
Mailing address of trustee 1234 Apple Street		
City Perth, Western Australia 6009	Province or territory AUS	Postal code
Would you like to use the mailing address above for this trust? If no , fill out Representative contact information . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Your language of correspondence: <input checked="" type="checkbox"/> English <input type="checkbox"/> French		

Representative contact information		
Name of authorized representative (attach a signed copy of Form T1013). Fill out the address only if you want all CRA mail to go to your authorized representative.		
Mailing address of authorized representative		Telephone number
City	Province or territory	Postal code

Trust creation date		
Was this trust created upon the death of an individual? If yes , complete Section A. If no , complete Section B.		
Section A	Social insurance number of the deceased	
Date of death Year Month Day _____	_____	
Section B	<input type="checkbox"/> Non-profit organization - Business Number, if any:	
Date trust was created Year Month Day 2005-05-06	_____	

A signed copy of the trust document or will is attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no , provide an explanation _____
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Protected B when completed

Signature and date

Certification by trustee or corporate officer (if two or more trustees are acting jointly on the trust's behalf, each trustee must sign).

Important: You must send a signed copy of the **legal document** (trust agreement or will) with your T3 APP and Form T1013 (if the section **Representative contact information** of this form has been filled in).

I certify that the information given on this application and in any attached documents is correct and complete.

John Smith

 (Print name)

Trustee's or corporate officer's signature

(Print name)

Trustee's or corporate officer's signature

(Print name)

Trustee's or corporate officer's signature

(Print name)

Trustee's or corporate officer's signature

Trustee

Title and Corporation name

2019-04-08

Date

Title and Corporation name

Date

Title and Corporation name

Date

Title and Corporation name

Date

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 015.