

IMPORTANT INFORMATION

- This form is to be used only by financial institutions who have lost or destroyed a bond certificate.
- Bonds lost by financial institutions will be processed for redemption. They will not be replaced.
- If space is insufficient, please complete and attach a separate sheet that includes all the required fields, in the same order they appear. Please initial all attached sheets.

SECTION A - Reporting LOST BOND(S)

The Canada Savings Bond(s) / Canada Premium Bond(s) noted in the table below [hereinafter referred to as the "Original Instrument(s)"] was/were lost, stolen or destroyed on / / while in the possession of .
Date: dd/mmm/yyyy *Enter name of Financial Institution here*

Please provide details of the loss or destruction

Bond Serial Number(s)	Par Value of bond(s) \$	Registration appearing on the bond(s)	Full Address of the Registered Owner(s)

SECTION B - Indemnity Agreement

Enter name of Financial Institution here

(the "FI") has requested the Bank of Canada (the "Bank") to pay the redemption value of the Original Instrument(s) upon the execution of this Indemnity Agreement.

The Bank, in consideration of the execution and delivery by the FI of this Indemnity Agreement, has agreed to make payment called for by the Original Instruments without surrender thereof for cancellation.

Therefore, the FI agrees to indemnify and save harmless the Bank, its servants, employees, directors, officers, successors and assigns from and against all liabilities, losses, damages, costs, fees and expenses of every nature and character (including legal fees and disbursements on a solicitor and own client basis) that are incurred, suffered or expended directly or vicariously caused or incurred by the Bank that may at any time arise from incidental in any way to:

- i) any and all payments, transfers, exchanges or other acts which the Bank makes or does with respect to the Original Instruments; and,
- ii) any and all claims made with respect to the Original Instruments.

This Indemnity Agreement shall be governed by and construed in accordance with the laws of the Province of Ontario.

Date: dd/mmm/yyyy

Institution Number

Branch Number

FI Branch Stamp here

PRINT/TYPER name of FI authorized representative:

Telephone: - - Extension:

FI Return Address

X

Ink Signature of the FI Authorized Representative here.

Once fully completed, the form can be sent by:

- MAIL to: P.O. Box 2770, Station D • Ottawa, Ontario K1P 1J7 -for Certificate Bonds
- COURIER delivery: 2500 Solandt Rd • Suite 100 • Kanata, Ontario K2K 3G5

If you require further information, please contact Customer Service, Monday to Friday, 9 a.m. to 5 p.m. (ET) at:

- for Certificate Bonds 1 800 575-5151
- by TTY(teletypewriter) 1 800 354-2222

Please visit us online at: csb.gc.ca

The personal information provided on this form is protected under the provisions of the **PRIVACY ACT** and will be used solely for the purpose for which it was collected.