

## UNCLAIMED TRUST AND/OR GENERAL FUNDS

Upon discharge, all funds remaining are paid to the Resident or to the Resident's Estate by cheque within six - eight weeks of discharge.

Should there be funds left in my Trust Account and/or General Account which are unclaimed by myself or my Estate within one hundred and eighty (180) days after notice has been given by mail either by myself or my Estate, I, \_\_\_\_\_ authorize the donation of those funds to the Calgary Health Trust\*.  
Print Name of Resident

The purpose of this agreement has been explained to me. I understand and agree to abide by the terms outlined in this agreement.

\_\_\_\_\_  
Name of Resident/Legal Representative (Financial)

\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Signature of Resident/Legal Representative (Financial)

\_\_\_\_\_  
Date (YYYY/Mon/DD)

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Date (YYYY/Mon/DD)

\*Donations to Carewest are directed through the Calgary Health Trust and are to be used as designated for Carewest.

The personal information requested on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIPP) Act and is protected under the FOIPP Act. The information will be used only for the purpose of payment for services.