

APPOINTMENT OF FINANCIAL AGENT FOR A CONTESTANT

499 (20/02)

SEE REVERSE SIDE FOR INSTRUCTIONS THIS FORM IS AVAILABLE FOR PUBLIC INSPECTION

| FULL NAME OF CONTESTANT | | | | |
|--|--|--|--------------------------------------|---------------------|
| | | | | |
| APPOINTING INDIVIDUAL IS A: | 3 | ELECTORAL DISTRI | CT (FOR NOMINATION CO | NTESTANTS ONLY) |
| LEADERSHIP CONTESTANT | | | | |
| PART A: COMPLETED BY FINA | ANCIAL AGENT | | | |
| LAST NAME | | FIRST NAME | | MIDDLE NAME(S) |
| CONTACT INFORMATION | | | | |
| MAILING ADDRESS | | | PHONE NO. | ALTERNATE PHONE NO. |
| CITY / TOWN | PROVINCE | POSTAL CODE | | FAX (OPTIONAL) |
| EMAIL ADDRESS (OPTIONAL) | | | - | |
| EFFECTIVE DATE OF APPOINTMENT | | | | |
| a) I consent to my appointment as financiab) I am qualified to act as financial agent (| under section 176 of the | <i>Election Act</i> ; and | - Floation Act | |
| I, the undersigned, declare that: a) I consent to my appointment as financia b) I am qualified to act as financial agent to | under section 176 of the | <i>Election Act</i> ; and | | |
| I, the undersigned, declare that: a) I consent to my appointment as financia b) I am qualified to act as financial agent (c) I am aware of the duties and responsib | under section 176 of the | Election Act; and der section 177 of the DATE: (YYYY / I | MM / DD) | |
| I, the undersigned, declare that: a) I consent to my appointment as financia b) I am qualified to act as financial agent (c) I am aware of the duties and responsib SIGNATURE OF FINANCIAL AGENT WARNING: Signing a false statement is | under section 176 of the illities of this position un a serious offence and is | Election Act; and der section 177 of the DATE: (YYYY / I | MM / DD) | |
| I, the undersigned, declare that: a) I consent to my appointment as financia b) I am qualified to act as financial agent (c) c) I am aware of the duties and responsib SIGNATURE OF FINANCIAL AGENT | under section 176 of the illities of this position un a serious offence and is | Election Act; and der section 177 of the DATE: (YYYY / I | MM / DD) t penalties. | |
| I, the undersigned, declare that: a) I consent to my appointment as financia b) I am qualified to act as financial agent c) I am aware of the duties and responsib SIGNATURE OF FINANCIAL AGENT WARNING: Signing a false statement is PART B: COMPLETED BY COM | under section 176 of the illities of this position un a serious offence and is | Election Act; and der section 177 of the DATE: (YYYY / I | MM / DD) t penalties. MM / DD) | AL OFFICE USE ONLY |

APPOINTMENT OF FINANCIAL AGENT FOR A CONTESTANT – FORM 499

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED

General Information:

As soon as possible after an appointment is made, a copy of this form must be delivered to the Chief Electoral Officer (Election Act, s. 176).

INSTRUCTIONS

• Enter the full name of the contestant.

Indicate whether they are a nomination contestant or a leadership contestant.

B Enter the electoral district, if contestant is a nomination contestant.

PART A: COMPLETED BY FINANCIAL AGENT

• Enter the full name and contact information for the financial agent. As a minimum, the *Election Act* requires that a mailing address and phone number be provided. Please note this form is available for public inspection.

Enter the effective date of appointment. The effective date is the day on which the financial agent assumes that position. For example, if the appointment of the financial agent ends on October 31, you could appoint another financial agent now to assume that position as of November 1. The effective date for that appointment would be November 1.

6 This declaration must be completed by the individual being appointed as financial agent. The financial agent is responsible for administering the contestant's finances in accordance with the Election Act. For more information on the obligations of the financial agent, refer to the Guide for Financial Agents Appointed Under the *Election Act*, and Part 10 of the Election Act.

The following individuals are disqualified from acting as a financial agent [Election Act, s. 176]:

- · election officials, voter registration officials or employees of Elections BC
- individuals who do not have full capacity to enter into contracts (e.g., a minor child)
- · the contestant's auditor
- individuals who are members of the auditor's firm
- individuals who have been convicted of an offence under the Election Act or the Recall and Initiative Act within the last seven years
- individuals who have failed to file financial reports under the Election Act or the Recall and Initiative Act within the last seven years

Signing a false statement is a serious offence and is subject to significant penalties [Election Act, s. 266].

PART B: COMPLETED BY CONTESTANT

The contestant must sign this form to authorize the appointment of the financial agent.

For more information Phone toll-free 1-800-661-8683 / TTY 1-888-456-5448

or contact Elections BC Mailing Address: PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6 Phone: 250-387-5305 Fax: 250-387-3578 Toll-free Fax: 1-866-466-0665 Email: electoral.finance@elections.bc.ca Website: elections.bc.ca