



Report of Foreign Bank and Financial Accounts Version Number: 1.0

FinCEN Form 114 OMB No. 1506-0009 Effective October 1, 2013

The new annual due date for filing Reports of Foreign Bank and Financial Accounts (FBAR) for foreign financial accounts is April 18.

IMPORTANT : After you have completed this FBAR, you must **Sign the Form** and **Save** in order to activate the **Ready to File** button, which will direct you to a page where you can attach and submit your report. Click **Validate** to identify missing or incorrectly formatted data at any time during preparation of this report. Click **Print** to print a copy of this report for record keeping purposes.

Filing name (e.g. SMITH FBAR 2013)

If this report is being filed late,
select the reason for filing late

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 . No report is required if the aggregate value of the accounts did not exceed \$10,000.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24) . The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

1 This report is for calendar year ended 12/31 Amended Prior Report BSA Identifier

Part I Filer Information

2 Type of filer

3 U.S. Taxpayer Identification Number

3a TIN type

4 Foreign identification
a Type

b Number

c Country/Region of issue

5 Individual's date of birth

6 Last name or organization's name

7 First name

8 Middle name

8a Suffix

9 Address

10 City

11 State

12 ZIP/postal code

13 Country/Region

14a Does the filer have a financial interest in 25 or more financial accounts?

Yes Enter number of accounts
 No

If "Yes" is checked do not complete Part II or Part III, but retain records of this information

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes Enter number of accounts
 No

If "Yes" is checked Complete Part IV items 34 through 43 for each person on whose behalf the filer has signature authority.

This form has been signed and cannot be altered.

Part II Information on Financial Account(s) Owned Separately 1 of 4

15 Maximum account value	<input type="text" value="3,481"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text" value="Bank"/>	<input type="text"/>	
17 Financial institution name	<input type="text" value="Island Savings"/>		
18 Account number or other designation	<input type="text" value="Chequing Account"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text" value="CA"/>

Part II Information on Financial Account(s) Owned Separately 2 of 4

15 Maximum account value	<input type="text" value="4,247"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text" value="Bank"/>	<input type="text"/>	
17 Financial institution name	<input type="text" value="Island Savings"/>		
18 Account number or other designation	<input type="text" value="Premium Savings"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text" value="CA"/>

Part II Information on Financial Account(s) Owned Separately 3 of 4

15 Maximum account value	<input type="text" value="17"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text" value="Bank"/>	<input type="text"/>	
17 Financial institution name	<input type="text" value="Island Savings"/>		
18 Account number or other designation	<input type="text" value="Chequing Account"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text" value="CA"/>

Part II Information on Financial Account(s) Owned Separately 4 of 4

15 Maximum account value	<input type="text" value="1"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text" value="Bank"/>	<input type="text"/>	
17 Financial institution name	<input type="text" value="Island Savings"/>		
18 Account number or other designation	<input type="text" value="USD Savings"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text" value="CA"/>

Part III Information on Financial Account(s) Owned Jointly 1 of 4

Account Information

15 Maximum account value	1,208	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	Bank		
17 Financial institution name	TD Bank		
18 Account number or other designation	2876332172		
19 Address			
20 City		21 State	
22 Foreign postal code		23 Country/Region	CA
24 Number of joint owners	1		

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)		25 a TIN type	
26 Last name or organization name	Montague		
27 First name	Elizabeth		
28 Middle name			
28a Suffix			
29 Address	9886 Castle Road		
30 City	Pender Island	31 State	BC
32 ZIP/postal code	V0N2M3	33 Country/Region	CA

Part III Information on Financial Account(s) Owned Jointly 2 of 4

Account Information

15 Maximum account value	81,626	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	Securities		
17 Financial institution name	TD Bank		
18 Account number or other designation	287231B82A		
19 Address			
20 City		21 State	
22 Foreign postal code		23 Country/Region	CA
24 Number of joint owners	1		

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)		25 a TIN type	
26 Last name or organization name	Montague		
27 First name	Elizabeth		
28 Middle name			
28a Suffix			
29 Address	9886 Castle Road		
30 City	Pender Island	31 State	BC
32 ZIP/postal code	V0N2M3	33 Country/Region	CA

Part III Information on Financial Account(s) Owned Jointly 3 of 4

Account Information

15 Maximum account value	<input type="text" value="8"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text" value="Bank"/>	<input type="text"/>	
17 Financial institution name	<input type="text" value="TD Bank"/>		
18 Account number or other designation	<input type="text" value="928063544338"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text" value="CA"/>
24 Number of joint owners	<input type="text" value="1"/>		

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)	<input type="text"/>	25 a TIN type	<input type="text"/>
26 Last name or organization name	<input type="text" value="Montague"/>		
27 First name	<input type="text" value="Elizabeth"/>		
28 Middle name	<input type="text"/>		
28a Suffix	<input type="text"/>		
29 Address	<input type="text" value="9886 Castle Road"/>		
30 City	<input type="text" value="Pender Island"/>	31 State	<input type="text" value="BC"/>
32 ZIP/postal code	<input type="text" value="V0N2M3"/>	33 Country/Region	<input type="text" value="CA"/>

Part III Information on Financial Account(s) Owned Jointly 4 of 4

Account Information

15 Maximum account value	<input type="text" value="25"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text" value="Bank"/>	<input type="text"/>	
17 Financial institution name	<input type="text" value="TD Bank"/>		
18 Account number or other designation	<input type="text" value="92807118731"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text" value="CA"/>
24 Number of joint owners	<input type="text" value="1"/>		

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)	<input type="text"/>	25 a TIN type	<input type="text"/>
26 Last name or organization name	<input type="text" value="Montague"/>		
27 First name	<input type="text" value="Elizabeth"/>		
28 Middle name	<input type="text"/>		
28a Suffix	<input type="text"/>		
29 Address	<input type="text" value="9886 Castle Road"/>		
30 City	<input type="text" value="Pender Island"/>	31 State	<input type="text" value="BC"/>
32 ZIP/postal code	<input type="text" value="V0N2M3"/>	33 Country/Region	<input type="text" value="CA"/>

**Part IV Information on Financial Account(s) Where Filer has Signature or Other Authority
but No financial Interest in the Account(s) 1 of 1**

Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text"/>

Owner Information

Check if entity

34 Last name or organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
36 First name	<input type="text"/>		
37 Middle name	<input type="text"/>		
37a Suffix	<input type="text"/>		
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		
43 Filer's title with this owner	<input type="text"/>		

Part V Information on Financial Account(s) Where Filer is Filing a Consolidated Report 1 of 1

Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text"/>

Owner Information

34 Organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		

Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature
45 Filer title
46 Date of signature (Date of signature will be auto-populated when the report is signed.)

Third Party Preparer Use Only

47 Preparer's last name
48 First name
49 Middle name/initial

50 Check if self employed

51 Preparer's TIN 51a TIN type

52 Contact phone number 52a Extension

53 Firm's name

54 Firm's TIN 54a TIN type

55 Address

56 City

57 State

58 ZIP/postal code

59 Country/Region