



CLIENT INFORMATION FORM

Personal Contact Information

Date: _____ 20____

Full Name: _____ Spouse: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: (____) _____ Your E-mail: _____

Cell Phone: (____) _____ Work E-mail: _____

Work Phone: (____) _____ Spouse E-mail: _____

Primary contact person for tax-related matters: _____

Preferred PHONE and EMAIL to be used: _____

Best time to call: a.m. : _____ p.m.: _____

Your Date of Birth: ____/____/____ Spouse Date of Birth: ____/____/____

Your SIN# ____-____-____ Spouse SIN# ____-____-____

Dependent Information

1. Full Name: _____

Date of Birth: ____/____/____

SIN#: ____-____-____

3. Full Name: _____

Date of Birth: ____/____/____

SIN#: ____-____-____

2. Full Name: _____

Date of Birth: ____/____/____

SIN#: ____-____-____

4. Full Name: _____

Date of Birth: ____/____/____

SIN#: ____-____-____

How did you hear about us? _____

Referred by: _____

Financial Planner: _____

Work Phone: (____) _____ E-mail: _____