



# QUESTIONNAIRE: NEW CLIENT

Date filed : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

## Requestor

Mr. Mrs.

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_

## Partner

Mr. Mrs.

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_

Tax reports to produce (years): \_\_\_\_\_ eg: «2017» or «2015 to 2017»

Province of residence on December 31: \_\_\_\_\_

Do you require express service ? Yes No Do you require an appointment with an advisor ? Yes No

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)  
 Social security number: \_\_\_\_\_  
 Phone (day): \_\_\_\_\_  
 Phone (night): \_\_\_\_\_  
 Email: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)  
 Social security number: \_\_\_\_\_  
 Phone (day): \_\_\_\_\_  
 Phone (night): \_\_\_\_\_  
 Email: \_\_\_\_\_

Residing at the same address

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 If new address, specify date of moving: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Declaration of partner

Impôts ICI will treat my partner's declaration: Yes No

- If «No» :
- Line 236 federal: \_\_\_\_\_
  - Line 275 provincial: \_\_\_\_\_
  - Providing us with your partner's full declaration is mandatory.
  - Optimisation fees may apply.

### Emergency contact

Name of the contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Drug insurance** (Indicate months that apply)  
 J F M A M J J A S O N D

Governmental (RAMQ): \_\_\_\_\_  
 My own group insurance: \_\_\_\_\_  
 Group insurance (parent/partner): \_\_\_\_\_  
 Other exceptions: Working holiday program, immigrant, etc.: \_\_\_\_\_

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## Civil status

Single Common law partner Married Separated Divorced Widowed

If your civil status has changed this year: Preceding status: \_\_\_\_\_ Date of change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

|     |    |   |     |    |  |
|-----|----|---|-----|----|--|
| Yes | No | I lived alone during the whole year (Excluding dependent persons)             | Yes | No | I was born in united-states, am an american citizen or holder of a green card                |
| Yes | No | I arrived in Canada or emigrated out of it this year                          | Yes | No | I would like to update my retirement planning (free service provided by an external partner) |
| Yes | No | I own more than 100 000\$ of foreign assets (including investments held here) | Yes | No | I would like to receive promotional offers from partners regarding my mortgage               |
| Yes | No | I bought a first home this year   |     |    | If so, my mortgage renewal date is: ____ / ____ / ____ (MM/DD/YYYY)                          |
| Yes | No | I sold a principal residence during the year                                  |     |    |  |

## Dependents

(Childs, parents, grands-parents, etc. residing at same address. Please describe in the details any exceptional situation: e.g. dependent on even years.)

| First name | Last name | Relationship | Date of birth (DD/MM/YYYY) | Net income | Person with a disability | Post-secondary student | I pay child support |
|------------|-----------|--------------|----------------------------|------------|--------------------------|------------------------|---------------------|
| _____      | _____     | _____        | ____ / ____ / ____         | _____      | _____                    | _____                  | _____               |
| _____      | _____     | _____        | ____ / ____ / ____         | _____      | _____                    | _____                  | _____               |
| _____      | _____     | _____        | ____ / ____ / ____         | _____      | _____                    | _____                  | _____               |

Details: \_\_\_\_\_