



# QUESTIONNAIRE: LOYAL CLIENT

Date filed :    /    /    (MM/DD/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

My contact informations are the same.

### Otherwise, please provide your new informations

Phone (day): .....  
 Phone (night): .....  
 Email: .....  
 Address: ..... Apt.: .....  
 City: ..... Province: .....  
 Postal code: ..... Date of moving:    /    /

Phone (day): .....  
 Phone (night): .....  
 Email: .....

### 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.

### 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.:

### Drug insurance of partner (Indicate months that apply)

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 Other exceptions: Working holiday program, immigrant, etc.:

### Civil status    My civil status has changed:      Yes    No

If «Yes» :      New civil status: .....      Date of change:    /    /    (MM/DD/YYYY)

- Yes    No    I lived alone during the whole year (Excluding dependent persons)
- Yes    No    I arrived in Canada or emigrated out of it this year
- Yes    No    I own more than 100 000\$ of foreign assets (including investments holded here)
- Yes    No    I bought a first home this year
- Yes    No    I sold a principal residence during the year

- Yes    No    I was born in united-states, am an american citizen or holder of a green card
- Yes    No    I would like to update my retirement planning (free service provided by an external partner)
- Yes    Non    I would like to receive promotional offers from partners regarding my mortgage
- If so, my mortgage renewal date is:    /    /    (MM/DD/YYYY)

## New dependent / changes

(Childs, parents, grands-parents, etc. residing at same address. If there is no change, do not complete this section. Please note in the details if it is an addition or a withdrawal. Also, please describe 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
.....	.....	.....	/  /	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	.....	/  /	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	.....	/  /	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details: .....