

Mr	If deceased,	DD/MM/YYYY
Mrs	Date of death	_____
Last name _____		
First name _____		
Social insurance # _____		
Date of birth _____ DD MM YYYY		
Phone _____		
Phone _____		
Email address _____		
Person with a disability	Yes	No
I lived alone ALL YEAR	Yes	No
(Excluding dependants)		

Spouse	Mr	If deceased,	DD/MM/YYYY
	Mrs	Date of death	_____
Last name _____			
First name _____			
Social insurance # _____			
Date of birth _____ DD MM YYYY			
Phone _____			
Phone _____			
Email address _____			
Person with a disability Yes No			
Spouse's declaration processed by Plani-Impôt? Yes No			
If NO , we need the net income from ; Line 23600 FED _____			
Line 275 Qc _____			

CIVIL STATUS as of December 31st

Bachelor	Married	Commonlaw	Separated	Divorced	Widow
Change of marital status	Yes	No	Previous status	_____	Date of change _____ DD/MM/YYYY

CURRENT ADDRESS

No _____	Street _____	Apt _____	City _____
Postal Code _____	Prov. _____	Change of address in 2025?	Yes No Date of change _____ DD/MM/YYYY

Prescription Drug Insurance

Are you insured in the	public	private
	Month	Month
My own group plan (work)	From _____	to _____
With the spouse or parent plan	From _____	to _____
RAMQ QC (prescription drugs)	From _____	to _____

Spousal Prescription Drug Insurance

Are you insured in the	public	private
	Month	Month
My own group plan (work)	From _____	to _____
With the spouse or parent plan	From _____	to _____
RAMQ QC (prescription drugs)	From _____	to _____

CHILDREN

Last name	First name	Sex	Date of birth	S.I.N.	Disability	Pays a pension	Receives a pension	At my expense	Tax done by Plani-Impôt
			DD MM YYYY						
_____	_____	_____	_____	_____					
_____	_____	_____	_____	_____					
_____	_____	_____	_____	_____					

Other information :

Signature _____

Date _____ DD/MM/YYYY Referred by : _____

HPB	LLP
Withdrawal	\$ _____
Balance	\$ _____
Purchase date	_____
Amount	\$ _____
# of owners	_____