

Mr Mrs	If deceased, Date of death	DD/MM/YYYY	Spouse	Mr Mrs	If deceased, Date of death	DD/MM/YYYY	
Last name		Last name		Last name		Last name	
First name		First name		First name		First name	
Social insurance #		Social insurance #		Social insurance #		Social insurance #	
Date of birth		DD MM YYYY		Date of birth		DD MM YYYY	
Phone		Phone		Phone		Phone	
Phone		Phone		Phone		Phone	
Email address		Email address		Email address		Email address	
Person with a disability		Yes	No	Person with a disability		Yes	No
I lived alone ALL YEAR (Excluding dependants)		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
My own group plan (work)	Month From _____	Month 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
My own group plan (work)	Month From _____	Month to _____
With the spouse or parent plan	From _____	to _____
RAMQ QC (prescription drugs)	From _____	to _____

CHILDREN

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

Other information :

Signature _____

Date _____

DD/MM/YYYY Referred by : _____

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