

<b>Mr Mrs</b>	Deceased	Yes	No
	Date of death	DD/MM/YYYY	
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 <b>ALL YEAR</b> (Excluding dependants)		Yes	No

<b>Spouse</b>	<b>Mr Mrs</b>	Deceased	Yes	No
		Date of death	DD/MM/YYYY	
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 <b>NO</b> , 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 2024?	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	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	_____