

Mr	Deceased	Yes	No
Mrs	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 ALL YEAR Yes No			
(Excluding dependants)			

Spouse	Deceased	Yes	No
Mr	Date of death	DD/MM/YYYY	
Mrs			
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 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	_____	