



# New Client Account Information Form RESPONSIVE

Client Name: \_\_\_\_\_ Financial Strategist: \_\_\_\_\_

PLEASE INCLUDE A COPY OF THE FOLLOWING:

1. Non-Expired Photo ID (Driver's license, Passport)
2. Investment Statement (If the address on the Statement does not match the photo ID, please include a copy of a recent utility bill that has the same address as the photo ID).
3. Blank Void Cheque

Does the client want to sign the documents electronically?     Yes                          No

## #1. Types Of Accounts – Check Off All That Apply

| Non - Registered Accounts                             | Registered Accounts  | Locked-in Jurisdiction |
|---|--|------------------------|
| Cash CAD  | LIRA***  | _____                  |
| Cash USD  | LRSP (Federal or BC)***                                      | _____                  |
| Margin CAD  | RLSP (Federal only)***                                       | _____                  |
| Margin USD  | RSP  |                        |
| Margin Short CAD                                      | Spousal RSP  |                        |
| Margin  | TFSA   | <b>FHSA</b>            |
| Joint Margin CAD****                                  | RESP* (RESP  |                        |
| ITF CAD (ITF Supplemental Form required)              | Supplemental Form required)                                  |                        |
| Corporate: (Corporate Supplemental form required)**** | RDSP* (RDSP Supplemental Form required)                      |                        |
|   | Retirement Income Accounts** (Supplementary Form required**) |                        |
| Options Trading Accounts                              | LIF***   | _____                  |
| Options Trading (Non-Reg)                             | RLIF***  | _____                  |
| Options Trading (Reg)                                 | LRIF***  | _____                  |
|   | PRIF***  | _____                  |
|   | RIF  |                        |
|   | Spousal RIF  |                        |

\*RESP, RDSP, ITF, Corporate accounts require their specific Supplemental Forms. Beneficiary Supplement Form is required if the beneficiary is someone other than the clients spouse or estate.

\*\* Retirement Income Accounts require the Income Account Supplemental Form

\*\*\* Locked-in Jurisdiction is required

\*\*\*\* Each Co-Applicant must complete a New Client Account Information Form

Notes: (Account Specific Information - example - ITF info or need 2 LIRA's)

Do any of the non-Retirement Income accounts have systematic instructions (PAC's SWP's)?  
Yes                          No

If yes, please complete the Recurring Payment IN/OUT Form.



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## #2. Clients Personal Information

|                   |       |      |     |      |    |
|-------------------|-------|------|-----|------|----|
| Title:            | Mr.   | Mrs. | Ms. | Miss | Dr |
| First Name:       | _____ |      |     |      |    |
| Middle Name:      | _____ |      |     |      |    |
| Last Name:        | _____ |      |     |      |    |
| Home Phone #:     | _____ |      |     |      |    |
| Cell Phone #:     | _____ |      |     |      |    |
| Country of Birth: | _____ |      |     |      |    |
| Date of Birth:    | _____ |      |     |      |    |
| SIN:              | _____ |      |     |      |    |
| Citizenship:      | _____ |      |     |      |    |
| Client Email:     | _____ |      |     |      |    |

## #3. Tax Residency

Canada                      USA                      Other \_\_\_\_\_

## #4. Residential Address

Unit Number \_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

Is your mailing address the same as your residential address?    Yes    No  
If No, Please complete Mailing Address under Section 9 Below

## #5. Employment

|                    |                 |  |
|--------------------|-----------------|--|
| Employment Status: | Employed        | (please complete Employer info below)          |
|                    | Self - Employed | (please complete Employer info below)          |
|                    | Homemaker       |  |
|                    | Unemployed      | (please state pre-retirement occupation below) |
|                    | Retired         | (please state pre-retirement occupation below) |

Annual Income:    \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Description (Type of Business): \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Address:

Unit Number \_\_\_\_\_ Street Number \_\_\_\_\_

Street Name \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_



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## #6 Family

Number of Dependents: \_\_\_\_\_

Marital Status:                      Single  
   Married                      (Please complete Spousal Section Below)  
   Common Law                (Please complete Spousal Section Below)  
   Divorced  
   Separated  
   Widowed

## #7 Spousal Section - If your spouse is also a client, please just provide her name below

Is your spouse a client of Croft Financial Group?    Yes    No

If No, Please complete Mailing Address under Section 9 Below

Title:                                      Mr.                                      Mrs.                                      Ms.                                      Miss                                      Dr

Spouse's First Name: \_\_\_\_\_

Spouse's Last Name: \_\_\_\_\_

Employment Status:              Employed                      (please complete Employer info below)  
   Self - Employed            (please complete Employer info below)  
   Homemaker                      (please state pre-retirement occupation below)  
   Unemployed  
   Retired

Spouse's Email:

Annual Income:              \$ \_\_\_\_\_              Spouse's Date of Birth:

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Description (Type of Business): \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Address:

Unit Number \_\_\_\_\_ Street Number \_\_\_\_\_

Street Name \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## #8 Beneficiary Information

Spouse

Estate

Other (Please complete the Beneficiary Supplement Form)

## #9 Mailing Address

\_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_



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## #10 Financial Information - Based on Household

**Client Name:**

### Total Net Worth Calculation

|   |    |
|---|----|
| Cash and Cash Equivalents               | \$ |
| Fixed Income Securities                 | \$ |
| Equity Securities                       | \$ |
| Alternative Securities                  | \$ |
| Fixed Assets & Real Estate (Incl. CCPC) | \$ |

**Total Assets** \$

*Enter liabilities as negative numbers*

|                                       |    |
|---------------------------------------|----|
| Personal Loans & Credit Card Balances | \$ |
| Lines of Credit Balances              | \$ |
| Mortgage Balances                     | \$ |
| Other Debt (specify)                  | \$ |

**Total Liabilities** \$

**Total Net Worth** \$