



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	FHSA
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		

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

Annual Income: \$ _____ Spouse's Email:
 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

Do not use commas

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 \$