CROFT
FINANCIAL GROUP

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

- ☐ Cash CAD
- ☐ Cash USD
- ☐ Margin CAD
- ☐ Margin USD
- ☐ Margin Short CAD
- ☐ **Margin Short USD**
- ☐ Joint Margin CAD****
- ☐ ITF CAD (ITF Supplemental Form required)
- ☐ Corporate: (Corporate Supplemental form required)****

Registered Accounts

- ☐ LIRA***
- ☐ LRSP (Federal or BC)***
- ☐ RLSP (Federal only)***
- ☐ RSP
- ☐ Spousal RSP
- ☐ TFSA
- ☐ RESP* (RESP Supplemental Form required)
- ☐ RDSP* (RDSP Supplemental Form required)

Locked-in Jurisdiction

☐ FHSA

Retirement Income Accounts** (Supplementary Form required**)

- ☐ LIF***
- ☐ RLIF***
- ☐ LRIF***
- ☐ PRIF***
- ☐ RIF
- ☐ Spousal RIF

Options Trading Accounts

- ☐ Options Trading (Non-Reg)
- ☐ Options Trading (Reg)

*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.
First Name:
Middle Name:
Last Name:
Home Phone #:
Cell Phone #:
Country of Birth:
Date of Birth: Month January DD YYYY
SIN:
Citizenship: Canada USA Other
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
If No, Please complete Mailing Address under Section 9 Below

#5. Employment

Employment Status: Employed

For Employed and Self-Employed, please complete Employer info below
For 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

For Married and Common Law, please complete Spousal Section Below

#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? No
If No, Please complete Mailing Address under Section 9 Below
Title: Mr.
Spouse's First Name:
Spouse's Last Name:

Employment Status: Employed

Spouse's Email:
Spouse's Date of Birth: Month January DD YYYY

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 ________

#8 Beneficiary Information

- [ ] Spouse
- [ ] Estate
- [ ] Other (Please complete the Beneficiary Supplement Form)

#9 Mailing Address

Unit Street Number Street Name City _______________

Province _______ Postal Code _____________ Country __________________

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#10 Financial Information - Based on Household

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	**$**	0

Enter liabilities as negative numbers (use "-" sign)

Personal Loans & Credit Card Balances	$	
Lines of Credit Balances	$	
Mortgage Balances	$	
Other Debt (specify)	$	
Total Liabilities	**$**	0
Total Net Worth	**$**	0

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