

Customer Service Information

Business Name _____

Individual Name _____ Date of Birth _____

Mailing Address _____

Business Number _____

Bus Phone _____ Cell Phone _____

Email _____

Smoker Yes No

Occupation _____

Monthly Income _____ Years in busines _____

| Business Partners | Date of Birth | Driver's License Information |
|-------------------|---------------|------------------------------|
| _____ | _____ | No. _____ |
| _____ | _____ | Issue Date _____ |
| _____ | _____ | Expiry Date _____ |
| _____ | _____ | |



Customer Service Information

Personal Insurance Yes No with _____

Group Insurance Yes No with _____

Group _____

Disability Insurance Yes No with _____

Personal _____

Disability Insurance Yes No with _____

Critical Illness Yes No with _____

Group Pension/RRSP Yes No

_____ Monthly Contribution with _____

RRSP's Yes No with _____

with _____

Non-Reg Yes No with _____

with _____

Approx. Net Worth _____ Invest. Knowledge _____

Approx. Liquid Assets _____

Comments/Notes
