

# GLM CPA LLP

Chartered Professional Accountants

201 Wicksteed Blvd., #6, Toronto, Ontario M4G 0B1

416-499-9099

## Personal and Family Information

of

Personal and Family Information

Personal Information

Self

Spouse

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

S.I.N. \_\_\_\_\_

S.I.N. \_\_\_\_\_

Health Card #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Passport #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Business: \_\_\_\_\_

Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address and Telephone

Street & #: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Last updated \_\_\_\_\_

GLM CPA LLP

Chartered Professional Accountants

416-499-9099

**Personal and Family Information**

**Advisors**

| Name | Firm/Address | Telephone |
|------|--------------|-----------|
|------|--------------|-----------|

Accountant:

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Banker:

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Lawyer

|       |       |       |
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Doctors:

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Doctors:

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Doctors:

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Investment Advisor

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Investment Advisor

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Investment Advisor

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Stock Broker:

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Stock Broker:

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General Insurance

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Health Insurance

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Life Insurance

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Last updated

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## Personal and Family Information

### General Insurance

#### Principal Residence

Issuer/Company

Telephone

Policy #

Term/Anniversary:

Cost of Premium

Amount of Coverage

Items Covered

#### Automobile #1

Year

Make & colour

Issuer/Company

Telephone

Policy #

Term/Anniversary:

Cost of Premium

Amount of Coverage

Deductible

#### Automobile #2

Year

Make & colour

Issuer/Company

Telephone

Policy #

Term/Anniversary:

Cost of Premium

Amount of Coverage

Deductible

#### Automobile #3

Year

Make & colour

Issuer/Company

Telephone

Policy #

Term/Anniversary:

Cost of Premium

Amount of Coverage

Deductible

Last updated

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Chartered Professional Accountants

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## Personal and Family Information

### Policy Self - 1

Policy Details

\_\_\_\_\_

Cost of Premium:

\_\_\_\_\_

Term/Anniversary:

\_\_\_\_\_

Amount:

\_\_\_\_\_

Life Insured:

\_\_\_\_\_

### Policy Spouse - 1

Policy Details

\_\_\_\_\_

Cost of Premium:

\_\_\_\_\_

Term/Anniversary:

\_\_\_\_\_

Amount:

\_\_\_\_\_

Life Insured:

\_\_\_\_\_

### Policy Self - 2

Policy Details

\_\_\_\_\_

Cost of Premium:

\_\_\_\_\_

Term/Anniversary:

\_\_\_\_\_

Amount:

\_\_\_\_\_

Life Insured:

\_\_\_\_\_

### Policy Spouse - 2

Policy Details

\_\_\_\_\_

Cost of Premium:

\_\_\_\_\_

Term/Anniversary:

\_\_\_\_\_

Amount:

\_\_\_\_\_

Life Insured:

\_\_\_\_\_

### Policy Self - 3

Policy Details

\_\_\_\_\_

Cost of Premium:

\_\_\_\_\_

Term/Anniversary:

\_\_\_\_\_

Amount:

\_\_\_\_\_

Life Insured:

\_\_\_\_\_

### Policy Spouse - 3

Policy Details

\_\_\_\_\_

Cost of Premium:

\_\_\_\_\_

Term/Anniversary:

\_\_\_\_\_

Amount:

\_\_\_\_\_

Life Insured:

\_\_\_\_\_

Last updated

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# Personal and Family Information

## Health Insurance

### Self

Disability

Policy Details

Person Insured

Amount of Insurance

Term/Anniversary

Cost of Premium

### Spouse

Disability

Policy Details

Person Insured

Amount of Insurance

Term/Anniversary

Cost of Premium

### Medical/Dental

People covered

Company

Amount of Coverage

Items Covered

Policy

Cost of Premium

Items Covered

Last updated

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Chartered Professional Accountants

416-499-9099

# Personal and Family Information

## Recreational Properties

### Property #1

Address

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Address

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Phone

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### Insurance

Issuer/Company

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Telephone

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Policy #

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Term/Anniversary:

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Cost of Premium

---

Amount of Coverage

---

Items Covered

---

Items Covered

---

### Property #2

Address

---

Address

---

Phone

---

### Insurance

Issuer/Company

---

Telephone

---

Policy #

---

Term/Anniversary:

---

Cost of Premium

---

Amount of Coverage

---

Items Covered

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Items Covered

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Last updated

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## Personal and Family Information

### Location of Important Documents

Tip: Use a filing cabinet or box at home and put these documents in separate files in alphabetical order

Annual summaries of benefits  
& related documents

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Bank Accounts

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Birth Certificates

---

Brokerage Statements

---

Debt Documentation

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Employee Benefits Booklets

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Financial Statements of  
Corporation

---

Home Invoices & receipts

---

Home ownership papers

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Insurance policies-home,  
auto, life & health

---

Investment papers

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Marriage contract

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Mutual fund papers

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Partnership/associates/  
shareholders agreements

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Pension plans

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## Personal and Family Information

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Tip: Use a filing cabinet or box at home and put these documents in separate files in alphabetical order

|                                     |       |
|-------------------------------------|-------|
| Power of Attorney                   | _____ |
| Power of Attorney for personal care | _____ |
| Real Estate Investment papers       | _____ |
| RRSP papers                         | _____ |
| Safety deposit box                  | _____ |
| Stock & Bond Certificates           | _____ |
| Tax Returns                         | _____ |
| Trust Agreements                    | _____ |
| Will                                | _____ |
| Will - (Living Will)                | _____ |
| Other _____                         | _____ |
| Other _____                         | _____ |
| Other _____                         | _____ |
| Other _____                         | _____ |
| Other _____                         | _____ |
| Other _____                         | _____ |
| Other _____                         | _____ |

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**Personal and Family Information**

**Bank Card/Credit Cards/ info**

| Provider / Item | Card # , Account # or User ID | Password/PIN |
|-----------------|-------------------------------|--------------|
| _____           | _____                         | _____        |
| _____           | _____                         | _____        |
| _____           | _____                         | _____        |
| _____           | _____                         | _____        |
| _____           | _____                         | _____        |
| _____           | _____                         | _____        |
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Last updated \_\_\_\_\_

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**Personal and Family Information**

**E-mails and social media**

Web site

E-mail/user ID

Password/log in ID

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Last updated \_\_\_\_\_

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**Personal and Family Information**

**Accounts to be notified/cancelled**

| Provider | Account # | Telephone |
|----------|-----------|-----------|
| _____    | _____     | _____     |
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Last updated \_\_\_\_\_

**Personal and Family Information**

**Collectibles**  
(Stamps, coin, Art, etc.)

| Items | Estimated Value | Location |
|-------|-----------------|----------|
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