



Client Information (Trust)

Date of Intake / /
MM DD YYYY

Full Legal Name of Deceased: _____

Date of Birth: / /
MM DD YYYY

Date of Death: / /
MM DD YYYY

Social Insurance Number: _____ Registered for My Account with CRA [Y] [N]

Marital Status at time of death: Single Married Divorced Widowed Other: _____

Home Address

Street Address: _____

City: _____ Prov: _____ Postal code: _____

Contact Information

Name of Contact/Executor: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: Phone Email

Beneficiaries

Name	Address	Phone Number	Date of Birth

Last year filed _____

Referral _____ Group ID _____