Tulett, Matthews & Associates

Personal Onboarding KYC

PERSONAL INFORMATION	YOU	SPOUSE/PARTNER
Name		
Marital Status		
Citizenship		
Date of Birth		
Home Address		
Phone: Home		
Phone: Cell		
Phone: Office		
Email		
Employer		
Position (if retired, previous position & employer		
Industry		
Background & History		
Source of Funds		

FAMILY MEMBERS			
Name			
Relationship to You			
Date of Birth			
Name			
Relationship to You			
Date of Birth			

YOUR SHORT AND LONG TERM GOALS

	You	Spouse/Partner
Short-term personal and financial goals/ objectives (1-5 years)		
Long-term personal and financial goals/ objectives (10-20 years)		
Do you have any personal or financial worries and/or concerns?		
Do you have major upcoming expenses?		
Your most important accomplishments		

INCOME & SAVINGS	YOU	SPOUSE/PARTNER
Income		
Annual RRSP Savings		
Annual TFSA Savings		
Annual Non-Registered Savings		
ASSETS		
Home		
Secondary Residence		
Real Estate Investment		
Operating Business		
Holding Company		
Cash & GIC's		
Employer Retirement Plan		
RRSP & RRIF Account		
LIRA & LIF Account		
TFSA Account		
Non-Registered Account		
RESP & RDSP Account		
Other		
Total Assets		
LIABILITIES		
Mortgages & Line of Credit		
Other Liabilities		
Total Liabilities		
TOTAL NET WORTH		

COMPLIANCE

You yes	You no	Spouse/Partner yes	Spouse/Partner no	
☐	☐	☐	☐	Do you, as an individual or part of a group, hold a controlling interest in a publicly traded company?
☐	☐	☐	☐	Are you a director, senior officer or insider of a publicly traded company?
☐	☐	☐	☐	Have you , or a family member, ever held a government or military position (general or above) in Canada or in another country?
☐	☐	☐	☐	Are you a professional working in the investment industry? *

* If yes, please provide mailing address for duplicate statements ______________________

WILLS/MANDATES/POA	YOU	SPOUSE/PARTNER
Date of completed wills		
Date of completed mandate/POA		

INSURANCE**

Life		
Disability		
Critical		
Insurance Agent		

KEY CONTACTS

Accountant	
Notary	
Lawyer	

** Tulett, Matthews & Associates are not licensed insurance representatives.
Should you wish to have an independent insurance review, you would have access to our in-house Financial Planner.

Signature - You	Signature - Spouse/Partner	Signature - PM or APM
Date	Date	Date

INDIVIDUAL: ____________________

ACCOUNT HOLDER INFORMATION

Please provide us with the following 3 items:

1. Valid photo ID (driver's license or passport) ☐
2. Void cheque with your name ☐
3. Copy of recent investment statement ☐
4. Date client was met ____________

Home address:

____

____

SIN: ____________

Citizenship: ____________

If U.S. citizen, SSN: ____________

Marital status: ____________

Occupation: ____________

Employer: ____________

Employer's address:

____

____

Email (for TMA communications)

____

Primary phone number: ____________

Annual income: ____________

Investable/liquid assets (personal):

____

Fixed assets (personal): ____________

Liabilities (personal): ____________

Registered account beneficiary (**if outside Quebec**):

Name of beneficiary*:

____

SIN: ____________

Relationship to account holder: ____________

FOR RESP/RDSP ACCOUNTS ONLY*:

1st beneficiary:

Name: ____________

Date of birth: ____________

SIN: ____________

Allocation %: ____________

2nd beneficiary:

Name: ____________

Date of birth: ____________

SIN: ____________

Allocation %: ____________

TO BE COMPLETED BY OUR OFFICE:

For RRIF accounts only:

Payment based on: ☐ Your age ☐ Spouse age

Payment amount: ☐ Min ☐ Elected

Delivery method: ☐ EFT ☐ Check

If elected, an amount of $ per

Additional percentage of withholding tax:

Federal: Provincial:

For LIRA/LIF accounts only:

Payment based on: ☐ Your age ☐ Spouse's age

Payment amount: ☐ Min ☐ Max ☐ Elected

Delivery methed: ☐ EFT ☐ Check

If elected, an amount of $ per

Additional percentage of withholding tax:

Federal: Provincial:

Frequency of RRIF/LIF payment: ☐ M ☐ Q ☐ A

Originating employer of this plan:

____

Plan jurisdiction: ____________

** If there are more beneficiaries, please use an additional Account Opening Checklist and attach it to this one.*

INDIVIDUAL: ______________________

ACCOUNT HOLDER INFORMATION

Please provide us with the following 3 items:

1. Valid photo ID (driver's license or passport) ☐
2. Void cheque with your name ☐
3. Copy of recent investment statement ☐
4. Date client was met ______________

Home address:

____

____

SIN: ______________

Citizenship: ______________

If U.S. citizen, SSN: ______________

Marital status: ______________

Occupation: ______________

Employer: ______________

Employer's address:

____

____

Email (for TMA communications)

____

Primary phone number: ______________

Annual income: ______________

Investable/liquid assets (personal):

____

Fixed assets (personal): ______________

Liabilities (personal): ______________

Registered account beneficiary (**if outside Quebec**):

Name of beneficiary*:

____

SIN: ______________

Relationship to account holder: ______________

FOR RESP/RDSP ACCOUNTS ONLY*:

1st beneficiary:

Name: ______________

Date of birth: ______________

SIN: ______________

Allocation %: ______________

2nd beneficiary:

Name: ______________

Date of birth: ______________

SIN: ______________

Allocation %: ______________

TO BE COMPLETED BY OUR OFFICE:

For RRIF accounts only:

Payment based on: ☐ Your age ☐ Spouse age

Payment amount: ☐ Min ☐ Elected

Delivery method: ☐ EFT ☐ Check

If elected, an amount of $ per

Additional percentage of withholding tax:

Federal: Provincial:

For LIRA/LIF accounts only:

Payment based on: ☐ Your age ☐ Spouse's age

Payment amount: ☐ Min ☐ Max ☐ Elected

Delivery methed: ☐ EFT ☐ Check

If elected, an amount of $ per

Additional percentage of withholding tax:

Federal: Provincial:

Frequency of RRIF/LIF payment: ☐ M ☐ Q ☐ A

Originating employer of this plan:

____

Plan jurisdiction: ______________

** If there are more beneficiaries, please use an additional Account Opening Checklist and attach it to this one.*

INDIVIDUAL

ACCOUNT HOLDER INFORMATION

Please provide us with the following 3 items:

1. Valid photo ID (driver's license or passport) ☐
2. Void cheque with your name ☐
3. Copy of recent investment statement ☐
4. Date client was met ______

Home address:

______

______

SIN: ______

Citizenship: ______

If U.S. citizen, SSN: ______

Marital status: ______

Occupation: ______

Employer: ______

Employer's address:

______

______

Email (for TMA communications)

______

Primary phone number: ______

Annual income: ______

Investable/liquid assets (personal):

______

Fixed assets (personal): ______

Liabilities (personal): ______

Registered account beneficiary (**if outside Quebec**):

Name of beneficiary*:

______

SIN: ______

Relationship to account holder: ______

** If there are more beneficiaries, please use an additional Account Opening Checklist and attach it to this one.*

SPOUSE/PARTNER INFORMATION

Name: ______

Date of Birth: ______

SIN: ______

Occupation: ______

Employer: ______

Employer's address:

______

______

FOR RESP/RDSP ACCOUNTS ONLY*:

1st beneficiary:

Name: ______

Date of birth: ______

SIN: ______

Allocation %: ______

2nd beneficiary:

Name: ______

Date of birth: ______

SIN: ______

Allocation %: ______

TO BE COMPLETED BY OUR OFFICE:

For RRIF accounts only:

Payment based on: ☐ Your age ☐ Spouse age

Payment amount: ☐ Min ☐ Elected

If elected, an amount of $ per

Additional percentage of withholding tax:

Federal: Provincial:

For LIRA/LIF accounts only:

Payment based on: ☐ Your age ☐ Spouse's age

Payment amount: ☐ Min ☐ Max ☐ Elected

If elected, an amount of $ per

Additional percentage of withholding tax:

Federal: Provincial:

Frequency of RRIF/LIF payment: ☐ M ☐ Q ☐ A

Originating employer of this plan:

______

Plan jurisdiction: ______

Name						
Forms in ◯ English ◯ French						
All the below accounts are in CAD *For any accounts open in USD, specify in notes for each account.						
	Account Opening		Transfers			EFT
	Aviso	NBIN	In Kind	In Cash	Transfer Notes	EFT Notes
Margin	◯	◯	◯	◯		
Margin-Joint	◯	◯	◯	◯		
Cash	◯	◯	◯	◯		
Cash-Joint	◯	◯	◯	◯		
TFSA	◯	◯	◯	◯		
RRSP	◯	◯	◯	◯		
Spousal RRSP	◯	◯	◯	◯		
RRIF	◯	◯	◯	◯		
LIRA	◯	◯	◯	◯		
Locked-in RSP	◯	◯	◯	◯		
LIF	◯	◯	◯	◯		
Individual RESP	◯	◯	◯	◯		
Individual RESP-Joint	◯	◯	◯	◯		
Family RESP	◯	◯	◯	◯		
Family RESP-Joint	◯	◯	◯	◯		
RDSP	◯	◯	◯	◯		
RDSP-Joint	◯	◯	◯	◯		

Additional Notes:

Name						
Forms in ◯ **English** ◯ **French**						
All the below accounts are in CAD *For any accounts open in USD, specify in notes for each account.						
	Account Opening		**Transfers**			**EFT**
	Aviso	**NBIN**	**In Kind**	**In Cash**	**Transfer Notes**	**EFT Notes**
Margin	◯	◯	◯	◯		
Margin-Joint	◯	◯	◯	◯		
Cash	◯	◯	◯	◯		
Cash-Joint	◯	◯	◯	◯		
TFSA	◯	◯	◯	◯		
RRSP	◯	◯	◯	◯		
Spousal RRSP	◯	◯	◯	◯		
RRIF	◯	◯	◯	◯		
LIRA	◯	◯	◯	◯		
Locked-in RSP	◯	◯	◯	◯		
LIF	◯	◯	◯	◯		
Individual RESP	◯	◯	◯	◯		
Individual RESP-Joint	◯	◯	◯	◯		
Family RESP	◯	◯	◯	◯		
Family RESP-Joint	◯	◯	◯	◯		
RDSP	◯	◯	◯	◯		
RDSP-Joint	◯	◯	◯	◯		

Additional Notes: