



ENTRUST

— LAW CORPORATION —

INFORMATION FORM - FAMILY LAW

Please complete and return this Information Form to the best of your ability. Once you have returned the form we will contact you to set up a telephone call or in person meeting.

A \$1,000.00 retainer is required prior to opening your file, please make arrangements for payment by cheque, e-transfer, or online at:
<https://secure.lawpay.com/pages/entrustlaw/trust-new>

Why the Form Matters

For family law matters there is a duty for all parties to fully disclose all assets and liabilities. Agreements without appropriate disclosure may be set aside if challenged. If a court sets aside an agreement for non-disclosure there can also be penalties to the non-disclosing party.

How to Return and Complete the Forms

In completing the forms:

- **Precise Values:** Rounding asset and liability values is acceptable.
- **Account Numbers:** It is discretionary whether you provide account and policy numbers at this stage, but if this is for a Cohabitation/Marriage Agreement or Separation Agreement we will require this information to set it out in a schedule of assets and liabilities to the agreement.
- **Additional Information:** If there are assets/liabilities or issues that apply to you that are not covered by this Information Form, please let us know.

Cost Efficiency

Your completion of this Information Form with all particulars maintains cost efficiency. It means the important information we require is available when we begin our project. It avoids additional fees for our time spent seeking this information at later stages.

Sometimes clients ask to provide information via their own financial summary document, or asset statements from an institution. We can work with information provided in these alternate manners. Typically, this is less cost-effective to the client, given it requires extra time.

Lawyer-Client Relationship

Please note that in order to establish a lawyer-client relationship we must complete and sign an Engagement Letter.

1. Personal Information

Client		Spouse	
Title		Title	
Full Legal Name		Full Legal Name	
Alias(es)		Alias(es)	
Address		Address	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Email		Email	
Place of Birth		Place of Birth	
Date of Birth		Date of Birth	
If not born in BC, when did you come to live in BC?		If not born in BC, when did you come to live in BC?	
Name on Birth Cert.		Name on Birth Cert.	
Occupation		Occupation	
Employer		Employer	
Gross Annual Income		Gross Annual Income	
Other Income? (ie. rental income, dividends, pension etc.)		Other Income? (ie. rental income, dividends, pension etc.)	
Maiden Name (if applicable)		Maiden Name (if applicable)	

How did you hear about our firm?

2. Relationship Information

What are you looking to obtain?	Marriage Agreement Separation Agreement	Cohabitation Agreement Divorce
Date of Cohabitation		
Date and Location of Marriage		
Date of Separation		
Any periods of reconciliation?		

Client		Spouse	
Marital Status prior to this relationship		Marital Status prior to this relationship	
Date of prior separation or divorce (f any)		Date of prior separation or divorce (f any)	
Do you have any support obligations to your former spouse or to any children?	Yes No	Do you have any support obligations to your former spouse or to any children?	Yes No

Please provide details in Notes section, including names of any former spouses.

Do you have any agreement with a current or former spouse/partner? <i>If yes, please indicate the type of contract below:</i>	Do you have any agreement with a current or former spouse/partner? <i>If yes, please indicate the type of contract below:</i>
Cohabitation Agreement Marriage Agreement Separation Agreement Divorce Order Court Order Other:	Cohabitation Agreement Marriage Agreement Separation Agreement Divorce Order Court Order Other:

Please provide me with digital copies of any existing documents.

Notes

3. Citizenship and Residency

Client		Spouse	
Current residency for income tax purposes		Current residency for income tax purposes	
Citizenship		Citizenship	
Additional Citizenship(s) (if applicable)		Additional Citizenship(s) (if applicable)	

Are you a current/former US citizen or resident?	Yes	No	Unsure	Are you a current/former US citizen or resident?	Yes	No	Unsure
Are your parents current/former US citizens or residents?	Yes	No	Unsure	Are your parents current/former US citizens or residents?	Yes	No	Unsure
Are any of your children current/former US citizens or residents?	Yes	No	Unsure	Are any of your children current/former US citizens or residents?	Yes	No	Unsure
Do you own any US assets?	Yes	No	Unsure	Do you own any US assets?	Yes	No	Unsure

4. Your Children

Not Applicable

Please list all children (biological, adopted, or stepchildren)

Full Legal Name	Yours, Your Spouses' or Both	Birthdate	Adopted or Biological	Disability?	Address

5. Support Obligations / Benefits

Client		Spouse	
Are you currently paying child support?	Yes No	Is your spouse currently paying child support?	Yes No Unsure
If yes, please provide amount:		If yes, please provide amount:	
Are you currently receiving child or spousal support?	Yes No	Is your spouse currently receiving child or spousal support?	Yes No Unsure
If yes, please provide amount:		If yes, please provide amount:	
Do you have medical coverage for your children through your employment?	Yes No Unsure	Does your spouse have medical coverage for your children through their employment?	Yes No Unsure
Do you have dental coverage for your children through your employment?	Yes No Unsure	Does your spouse have dental coverage for your children through their employment?	Yes No Unsure

For any item above where you have answered 'Yes', please provide a digital copy of the Will or Deed, and any other details you have available.

Financial Information

6. Key Advisors

Not Applicable

Please provide contact information for any professionals (accountants, financial planners, insurance brokers, etc.) who may be able to provide additional information about your assets.

Checking this box indicates consent to contact the respective advisor to discuss my financial matters if determined beneficial by Entrust Law Corporation.

Name	Type of Professional	Address	Phone/Fax/Email

7. Personal Effects

Please include any notable personal/household effects, particularly those that are rare or valuable.

Item	Ownership/Registration	Description	Estimated Value

8. Vehicles

Year/ Make /Model	Ownership/Registration	Primary Driver	Estimated Value

9. Real Estate

Not Applicable

Property #1					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

Property #2					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

Property #3					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

Property #4					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

10. Bank Accounts

Not Applicable

Please include details of your personally owned chequing, saving, and similar “day to day” accounts.

Bank	Type of Account	Account No.	Owner(s)	Current Balance	Sole or Joint Ownership

11. Non-Registered Accounts

Not Applicable

Please include details of your personally owned non-registered investments and portfolios.

Broker	Account No.	Name of Company	Current Balance	Owner(s)

12. Registered Accounts

Not Applicable

Please include details of your RRSPs, RRIFs, TFSAs, and RDSP's.

Bank/Company	Type of Account	Account No.	Owner(s)	Current Balance	Named Beneficiary

13. Life Insurance

Not Applicable

Please list all policies of life insurance.

If any policies are for the purpose of compliance with the terms of a Shareholders, Separation, or other Agreement, please indicate which policies are affected.

Under Type of Policy, please indicate if a policy is a personal or group policy, and if it is a term, whole life, or other form of policy. If any of your policies are segregated funds, please indicate.

Company	Type of Policy	Policy No.	Life Insured Person	Policy Owner	Designated Beneficiary	Payment Amount on Death	Is this a Segregated Fund?

Please set out details of any of the life insurance policies obtained pursuant to a Shareholders' Agreement, Separation Agreement, or other type of contract.

14. RESP's

Not Applicable

Please include details of your RESPs.

Institution	Account No.	Subscriber/Owner	Value	Designated Beneficiary

15. Pensions

Not Applicable

Please include details of your pensions, other than CPP.

Institution or Source of Pension	Retirement/ Eligibility Date	Pension Plan No.	Owner	Current Balance	Named Beneficiary

16. Additional Asset Details

Client				Spouse				N/A
Do you have any genetic material currently being stored (for example, sperm, embryos, etc.)?	Yes	No	Unsure	Do you have any genetic material currently being stored (for example, sperm, embryos, etc.)?	Yes	No	Unsure	
Do you own any cryptocurrency?	Yes	No	Unsure	Do you own any cryptocurrency?	Yes	No	Unsure	
If you have a pet, please confirm the type and number of animals.				If you have a pet, please confirm the type and number of animals.				

17. Interests in Partnerships or Private Companies

Not Applicable

Name of Business										
Nature of Business										
Is this an incorporated business?										
Your shareholdings					Value					
Are there other shares issued?	Yes	No	Unsure	<i>Please provide details in Notes.</i>						
Is there a Shareholders' Agreement?	Yes	No	Unsure	Are there life insurance policies related to this business?	Yes	No	Unsure			
Approximate Annual Revenue					Assets of the Corporation					
Debts of the Corporation (including Shareholders Loans)										
Notes										
<i>Please provide digital copies of any Shareholders' Agreements, by-laws, or Articles that list restrictions on shares.</i>										

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Nature of Business										
Is this an incorporated business?										
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Notes										
<i>Please provide digital copies of any Shareholders' Agreements, by-laws, or Articles that list restrictions on shares.</i>										

18. Receivables

Not Applicable

Please provide details of debts owed to you, including Shareholder Loans, Promissory Notes, Private Mortgages, Loans, etc.

Debtor	Date Debt Created	Principal Amount	Interest Rate	Final Payment Date	Is there any agreement or security relating to this debt?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Please provide me with digital copies of any evidence you have for each debt.

Debts & Liabilities That You Owe

19. Debt

Not Applicable

Please list all debts you owe, secured and unsecured, including mortgages, lines of credits, bank loans, guarantees, amounts owed to other people, etc.

Creditor	Borrower	Amount Owing	Interest	Maturity Date	Is this a secured debt?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

20. Credit Cards

Not Applicable

List all credit card debts.

Name of Company	Account No.	Card Owner	Balance Owing

Notes