



TRUST INFORMATION

For taxation years ending December 31, 2023 and onwards

TRUST NAME: _____

SETTLOR

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

TRUSTEES

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____



Robert M. Chaggares CPA, CA, CFP

Pierre Bonhomme CPA, CA

Duncan Peake MBA, CPA, CA

BENEFICIARIES

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____



PROTECTORS

(A person who has the ability to exert control over trustee decisions regarding appointment of income or capital of the trust.)

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____

Legal Name _____

Date of Birth _____

Address _____

Jurisdiction of Residence for tax purposes _____

Social Insurance Number or similar tax identification number _____