

**APPLICATION FOR  
FINANCIAL COUNSELLING SERVICES  
AND RELEASE OF INFORMATION**

<b>Member</b>					Preferred Language English <input type="checkbox"/> Français <input type="checkbox"/>		BASE		
Service N°	Rank	Enrolment Date <i>(dd-mm-yyyy)</i>	Contract End Date <i>(dd-mm-yyyy)</i>	Date of Birth <i>(dd-mm-yyyy)</i>	Service Element				
					Air Force <input type="checkbox"/>	Army <input type="checkbox"/>	Navy <input type="checkbox"/>		
Surname		Given Name(s)			CAF Unit				
E-mail <i>(preferred for correspondence)</i>					Regular Forces <input type="checkbox"/>				
Telephone <i>(primary)</i>		Telephone <i>(secondary)</i>		Telephone <i>(other)</i>		Reserves (Class)			
						A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	
Address		City		Province	Postal Code		Pending Release		
							Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Spouse (if applicable)</b>									
					Preferred Language English <input type="checkbox"/> Français <input type="checkbox"/>				
Service N°	Rank	Enrolment Date <i>(dd-mm-yyyy)</i>	Contract End Date <i>(dd-mm-yyyy)</i>	Date of Birth <i>(dd-mm-yyyy)</i>	Service Element				
<i>(if applicable)</i>					Air Force <input type="checkbox"/>	Army <input type="checkbox"/>	Navy <input type="checkbox"/>		
Surname		Given Name (s)			CAF Unit <i>(if applicable)</i>				
E-mail <i>(preferred for correspondence)</i>					Regular Forces <input type="checkbox"/>				
Telephone <i>(primary)</i>		Telephone <i>(secondary)</i>		Telephone <i>(other)</i>		Reserves (Class)			
						A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	
Address		City		Province	Postal Code		Pending Release		
							Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Reason for seeking Financial Counselling Services (brief description)</b>									
<b>Requested Documents (useful during initial financial counselling session)</b>									
<ul style="list-style-type: none"> <li>• Application for services document signed by you &amp; your spouse (if applicable)</li> <li>• Member'(s) Personal Record Resume (MPRR)</li> <li>• Mid month pay guide / spouse's most recent pay statement (if applicable)</li> <li>• Completed household budget</li> <li>• Copies of your and your spouse's (if applicable) recent credit card / loan and line of credit statements (including: personal loans, payday loan, high interest loans, vehicle loans)</li> <li>• Copies of all recent household bills (including: heat, hydro, cable, phone, cell, propane etc.)</li> <li>• Last three (3) months of banking statements</li> <li>• Mortgage statement (if applicable)</li> </ul>									

**Privacy Notice**

Personal information is collected pursuant to the **National Defence Act**, section 39, and the Quality of Life (QOL) Project WRK006 approved by Program Management Board in October 1998. The information is used to administer the SISIP Financial Counselling Program, determine eligibility for the Financial Counselling Program and Support our Troops (SOT) Fund, disburse funds in respect of the SOT, and provide financial counselling services to CAF members and their families for the resolution of financial distress and the provision of personal; money management skills. Financial distress may be resolved with the assistance of an SOT loan or grant, a recommendation or referral to their third party professional for assistance with debt consolidation, orderly payment of debts, consumer proposal or assignment in bankruptcy. The Social Insurance Number, when required, is collected pursuant to the **Income Tax Act** and used for income tax purposes.

Personal information is protected and is only used and disclosed in accordance with Canada's **Privacy Act**, and as described in personal information bank Financial Counselling – SISIP Financial – CFMWS PPE 803. Under the Act, individuals have the rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

If you require clarification about this statement, contact our privacy coordinator at [ATIP.AIPRP@cfmws.com](mailto:ATIP.AIPRP@cfmws.com). For more information on the **Privacy Act**, consult the Office of the Privacy Commissioner of Canada.

**Disclosure and Consent**

***I have read and I understand the above Privacy Notice, and I consent to the collection, use and disclosure of my personal information as described therein and as authorized hereunder until such authorization is revoked by me in writing:***

	<b>Member</b> <i>(Initials only)</i>	<b>Spouse</b> <i>(Initials only)</i>
a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>

*I authorize SISIP Financial to share any and all personal financial information related to this financial counselling case with my spouse (identified in member/spouse sections above)*

*I authorize SISIP Financial to correspond with me via email (preferred email listed above), SMS/MMS, by phone, via teleconference services or in person. I also understand that SISIP Financial will take all means necessary to protect my personal information when sending documents digitally.*

*I understand and agree that in the circumstance where SISIP Financial is unable to send documents to me using their encryption software, that they are authorized to send them to me unencrypted.*

*I authorize SISIP Financial and Support our Troops to collect, use, share, disclose and retain any personal information from me or about me, at any time, from, to or with any agent or third party service provider (ie: Equifax/TransUnion credit reporting agencies) in relation to the financial counselling services and / or grants and loans requests processed through Support our Troops or other financial contributors (ie: BMO, Royal Canadian Legion, Royal Canadian Navy Benevolent fund etc.)*

**Waiver/Disclaimer**

SISIP Financial assumes no liability for actions taken or not taken by the Applicant or the Applicant's spouse relating to any advice provided or not provided, action taken or not taken by SISIP Financial, its employees, or agents.

Signature of Applicant:

Date  
*(dd-mm-yyyy)*

*I consent to being notified or contacted regarding other SISIP Financial products or services: Initial: \_\_\_\_\_ YES or \_\_\_\_\_ NO*

Signature of Spouse:

Date  
*(dd-mm-yyyy)*

*I consent to being notified or contacted regarding other SISIP Financial products or services: Initial: \_\_\_\_\_ YES or \_\_\_\_\_ NO*

**Financial Counsellor**

Name	Location	Phone (W)