



PROTECTED "B" (when completed)

APPLICATION FOR FINANCIAL COUNSELLING SERVICES AND RELEASE OF INFORMATION

Member										
Surname			Given Name(s)				Rank	Service N°		
Base		CAF Unit		Service Element		Regular Force	Reserve (Class)			
				Air Force Army Navy			A B C			
Preferred Language		Date of Birth		Enrolment Date		Contract End Date		Pending Release		
English Français								Yes No		
		<i>(dd-mm-yyyy)</i>		<i>(dd-mm-yyyy)</i>		<i>(dd-mm-yyyy)</i>				
Telephone (primary)		Telephone (secondary)		Telephone (other)		Email (preferred for correspondence)				
Current Address				City		Province		Postal Code		
Previous Address (within 3 years)				City		Province		Postal Code		
Marital Status					Dependents					
Single	Married	Common-law	Separated	Divorced	Widowed	Residing with you		Not residing with you		
						___ Children	___ Adults	___ Children	___ Adults	

Spouse									
Surname			Given Name(s)				Rank	Service N°	
Base		CAF Unit		Service Element		Regular Force	Reserve (Class)		
				Air Force Army Navy			A B C		
Preferred Language		Date of Birth		Enrolment Date		Contract End Date		Pending Release	
English Français								Yes No	
		<i>(dd-mm-yyyy)</i>		<i>(dd-mm-yyyy)</i>		<i>(dd-mm-yyyy)</i>			
Telephone (primary)		Telephone (secondary)		Telephone (other)		Email (preferred for correspondence)			
Current Address				City		Province		Postal Code	
<i>Same as above</i>									
Previous Address (within 3 years)				City		Province		Postal Code	
<i>Same as above</i>									

Requested for next meeting		Select All
<ul style="list-style-type: none"> Application for Services signed by you & your spouse (if applicable) Completed household budget Mid-month pay guide / spouse's most recent pay statement (if applicable) Member's Personnel Record Resumé (MPRR) Last three (3) months of banking statements 	<ul style="list-style-type: none"> Statements of debts as applicable (credit card or line of credit, personal loans, vehicle loan contracts, etc.) Copies of all recent household bills (heat, hydro, cable, phone, cell, propane etc.) Mortgage statement (if applicable) _____ _____ 	<input type="checkbox"/>

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. 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:

	Member (Initials)	Spouse (Initials)	
A.			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)
B.			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.
C.			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.
D.			I authorize SISIP Financial and Support our Troops to share my personal information with any agent, third party service provider, or helping professional (e.g., DND, Equifax/TransUnion credit reporting agencies, MFRC, The Legion, etc.) in relation to the financial counselling services and to facilitate requests processed through Support our Troops or other financial contributors.
Optional Consents: Additional consent may be required to allow limited disclosure of information to other parties. The SISIP Financial Counsellor will discuss this with you, if required. Disclosure cannot be made without your authorization.			
E.			I authorize SISIP Financial to discuss my participation in financial counselling with my Chain of Command as it relates to demonstrating my operational readiness or supporting my financial wellbeing.
F.			I authorize SISIP Financial to act on my behalf and disclose information with any creditor or third-party service provider in an effort to resolve/negotiate outstanding financial obligations.

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 Member:

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)