



Please contact me about the following*:

Group Health and Dental	<input type="radio"/> Regular Plans	<input type="radio"/> Cost Plus
Group Savings & Retirement	<input type="radio"/> Pension	<input type="radio"/> Group RSP <input type="radio"/> Other
Individual Investments	<input type="radio"/> Segregated Funds	<input type="radio"/> Tax Sheltered
Insurance	<input type="radio"/> Life	<input type="radio"/> Disability <input type="radio"/> Critical Illness
Business Needs	<input type="radio"/> Buy-Sell Planning <input type="radio"/> Retirement Planning	<input type="radio"/> Tax-Sheltered Corporate Reserve <input type="radio"/> Key Person Compensation Plans
<u>Any Additional Info</u> you might care to add, so you get a better response:		

I would prefer you contact me by:

Email	My Email Address is:
Phone	My Phone Number is:
My Name:	
Company Name:	
City:	

**Note, no fields are mandatory here. You are the client. But if you help me a bit, I can respond to your needs with better information and a faster reply.*

Better Lives Through Better Planning

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