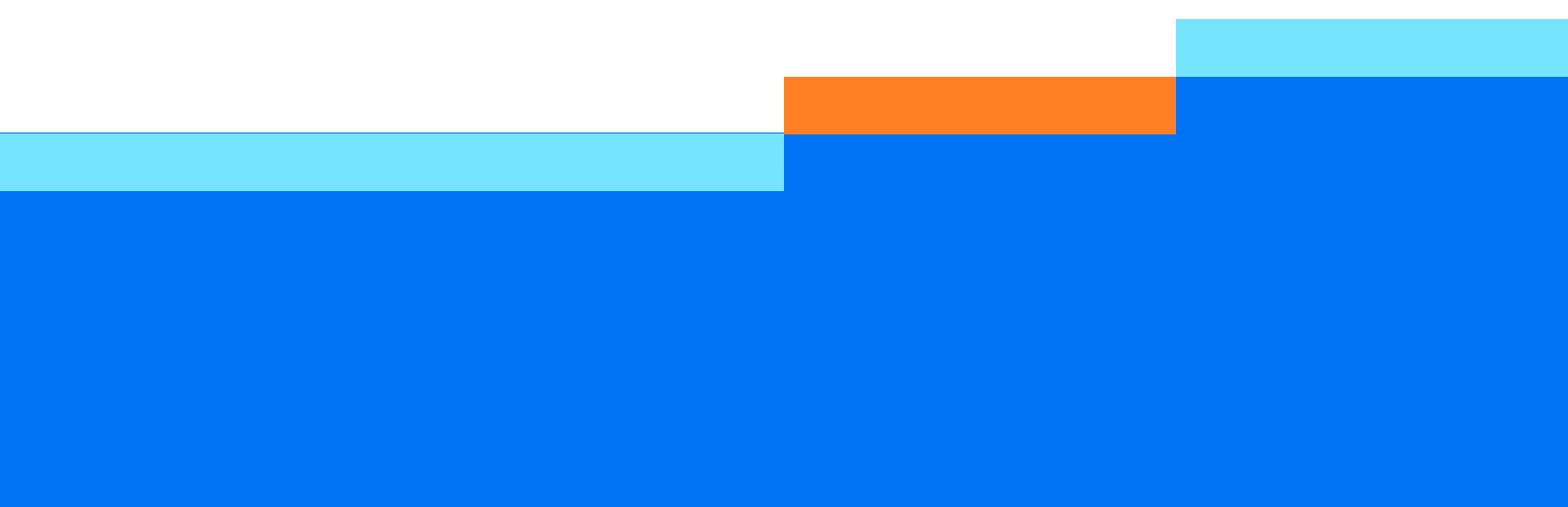


ASSET AND LIABILITY ORGANIZER

Personal and Confidential

Date (mm/dd/yyyy)

To save your work, we recommend that you download this document first, then open it with Adobe Acrobat Reader to fill it out.



THIS ORGANIZER IS DESIGNED FOR YOU AND YOUR FAMILY.

By getting organized, not only do we help ourselves but in certain circumstances we can also help those around us as well. While we each have our own way of staying organized, occasionally we can use a little help.

You have recognized the importance of preparing a Will, Enduring Power of Attorney and Personal Directive. Yet, when the time comes, will your representatives know where to start? Will they know your critical contacts, your sources of income, your employer, where you bank and who insures your personal property?

This Organizer is designed to capture such critical information, so your representatives can begin their duties with little delay and risk.

If you are new to such planning, we have included a glossary of terms at the end of the Organizer to both help inform and navigate you through the process.

Because the information within the Organizer contains sensitive personal information, you may choose not to share it in advance with your representatives. In such cases, we recommend placing the Organizer with your estate planning documents in a secure, accessible location.

It is good practice to review your estate plan periodically to ensure it meets your intentions and objectives. When conducting such a review, remember to make all applicable updates to this Organizer.

Should you require additional space when completing the Organizer, please use the Notes section on the final page and attach copies of the applicable documents.

Let's get started.

This Organizer is not intended to be a legal document. Always seek legal advice when planning your estate.

TABLE OF CONTENTS

1	You and your partner	4
2	Family Information	6
3	Professional Contacts	10
4	Employer Information	18
5	Your Will, Enduring Power of Attorney and Personal Directive	20
6	Details of Funeral Arrangements and Organ and Tissue Donation	26
7	Assets	27
8	Other Income Sources	54
9	Liabilities	58
10	Location of important documents	62
11	Service Providers	66
12	Glossary	68
13	Notes	71

1 You and your partner

Should you require additional space when completing the Organizer, please use the Notes section on the final page. Attach copies of the applicable documents, such as marriage contracts, cohabitation agreements, birth certificates, etc.

1.1 You

Name and Alias		
Address	City/Province	Postal code
Contact phone number	Email	
Date of birth (mm/dd/yyyy)	SIN#	
Place of birth	Citizenship	
Father's place of birth	Mother's place of birth	

1.2 Your partner

Name and Alias		
Address (same address as above <input type="checkbox"/>)	City/Province	Postal code
Contact phone number	Email	
Date of birth (mm/dd/yyyy)	SIN#	
Place of birth	Citizenship	
Father's place of birth	Mother's place of birth	

1.3 Marriage or Cohabitation

Married Cohabiting

Date of marriage/cohabitation	Place of marriage
Do you have a: <input type="checkbox"/> marriage contract <input type="checkbox"/> cohabitation agreement <input type="checkbox"/> prenuptial agreement	
Location of documents	

1.4 Former Partner(s) or Spouse(s)

A You Your partner

Name of previous partner

Divorce Separation

Date of divorce or separation

Death

Date of death

Other important details

B You Your partner

Name of previous partner

Divorce Separation

Date of divorce or separation

Death

Date of death

Other important details

C You Your partner

Name of previous partner

Divorce Separation

Date of divorce or separation

Death

Date of death

Other important details

D You Your partner

Name of previous partner

Divorce Separation

Date of divorce or separation

Death

Date of death

Other important details

2 Family Information

Please use the space below to add information about family members (children, grandchildren, siblings, parents, etc.).

2.1 Children

A

Name

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

B

Name

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

C

Name

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

D

Name

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

2.2 Grandchildren

A

Name

Parent(s)

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

B

Name

Parent(s)

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

C

Name

Parent(s)

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

D

Name

Parent(s)

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

2.3 Other

Please use the space below to add information about family members not previously identified (e.g. siblings, parents, great grandchildren, etc.).

A

Name

Relationship

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

B

Name

Relationship

Date of birth (mm/dd/yyyy)

Place of birth

Citizenship

Address (same address as Part 1.1)

City/Province

Postal code

Contact phone number

Email

Marital status

Other (i.e. special needs, ongoing financial support, etc.)

C

Name _____ Relationship _____

Date of birth (mm/dd/yyyy) _____ Place of birth _____ Citizenship _____

Address (same address as Part 1.1) _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Marital status _____ Other (i.e. special needs, ongoing financial support, etc.) _____

D

Name _____ Relationship _____

Date of birth (mm/dd/yyyy) _____ Place of birth _____ Citizenship _____

Address (same address as Part 1.1) _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Marital status _____ Other (i.e. special needs, ongoing financial support, etc.) _____

3 Professional Contacts

3.1 Lawyer/Legal Advisor(s)

A
Name _____

Firm _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Notes _____

B
Name _____

Firm _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Notes _____

3.2 Accountant/Tax Advisor(s)

A
Name _____

Firm _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Notes _____

B
Name

Firm

Address

City/Province

Postal code

Contact phone number

Email

Notes

3.3 Investment Advisor(s)

A
Name

Firm

Address

City/Province

Postal code

Contact phone number

Email

Notes

B
Name

Firm

Address

City/Province

Postal code

Contact phone number

Email

Notes

3.4 Financial Planner(s)

A

Name _____

Firm _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

Notes _____

B

Name _____

Firm _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

Notes _____

3.5 Personal Insurance Provider

Name _____

Firm _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

Notes _____

3.6 Banker(s)

A

Name _____

Firm _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

Notes _____

B

Name _____

Firm _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

Notes _____

3.7 Doctor(s)

A

Name _____

Clinic _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

Notes _____

B
Name

Clinic

Address

City/Province

Postal code

Contact phone number

Email

Notes

3.8 Doctor (Specialist)

A
Name

Clinic

Address

City/Province

Postal code

Contact phone number

Email

Notes

B
Name

Clinic

Address

City/Province

Postal code

Contact phone number

Email

Notes

3.9 Spiritual Advisor

Name _____

Place of Worship _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Notes _____

3.10 Charitable/Philanthropic Contact(s)

A

Name _____

Agency _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Notes _____

B

Name _____

Agency _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

Notes _____

C

Name

Agency

Address

City/Province

Postal code

Contact phone number

Email

Notes

3.11 Property Insurance Broker

Name

Firm

Address

City/Province

Postal code

Contact phone number

Email

Notes

3.12 Other

Name

Firm

Relationship

Address	City/Province	Postal code
---------	---------------	-------------

Contact phone number	Email
----------------------	-------

Notes

3.13 Other

Name

Firm

Relationship

Address	City/Province	Postal code
---------	---------------	-------------

Contact phone number	Email
----------------------	-------

Notes

4 Employer Information

4.1 You

A

Employer name and commencement of employment _____

Contact _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

B Participation in the following employer plans and details:

Registered Pension _____

Employee Stock Purchase _____

Group Life Insurance (including critical illness, short term and long term disability)

Deferred Profit Sharing _____

Group RRSP _____

Employee Stock Option _____

Medical/Dental _____

Other _____

4.2 Your Partner

A

Employer name and commencement of employment _____

Contact _____

Address _____

City/Province _____

Postal code _____

Contact phone number _____

Email _____

B Participation in the following employer plans and details:

Registered Pension _____

Employee Stock Purchase _____

Group Life Insurance (including critical illness, short term and long term disability)

Deferred Profit Sharing _____

Group RRSP _____

Employee Stock Option _____

Medical/Dental _____

Other _____

5 Your Will, Enduring Power of Attorney and Personal Directive

5.1 Will Details

A Original Will

Location

Dated (mm/dd/yyyy)

B Copy of Will

Location

C Original Codicil

Location

Dated (mm/dd/yyyy)

D Copy of Codicil

Location

E Original Memorandum of Personal effects

Location

Dated (mm/dd/yyyy)

F Copy of Memorandum

Location

G Your Executor and Trustee

Partner, or

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

H Your Co-Executor and Trustee (optional)

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

I Your Alternate Executor and Trustee

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

J Your Alternate Co-Executor and Trustee (optional)

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

K Guardian

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

L Co-Guardian (optional)

Name _____

Relationship _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

M Alternate Guardian

Name _____

Relationship _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

N Alternate Co-Guardian (optional)

Name _____

Relationship _____

Address _____ City/Province _____ Postal code _____

Contact phone number _____ Email _____

5.2 Enduring Power of Attorney Details

A Original Enduring Power(s) of Attorney

Location

Dated (mm/dd/yyyy)

B Attorney

Partner, or

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

C Co-Attorney (optional)

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

D Alternate Attorney

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

E Alternate Co-Attorney (optional)

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

5.3 Personal Directive Details

A Original Personal Directive

Location

Dated (mm/dd/yyyy)

B Agent

Partner, or

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

C Co-Agent (optional)

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

D Alternate Agent

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

E Alternate Co-Agent (optional)

Name

Relationship

Address

City/Province

Postal code

Contact phone number

Email

6 Details of Funeral Arrangements and Organ and Tissue Donation

6.1 Your arrangements

Include information about your desired funeral services, cemetery plots, burial versus cremation instructions, etc. Describe any that you have already pre-planned and through what company/provider.

Same for Partner

6.2 Alternate arrangements for partner (if applicable)

Include information about your desired funeral services, cemetery plots, burial versus cremation instructions, etc. Describe any that you have already pre-planned and through what company/provider.

6.3 Organ and Tissue Donation

Wishes with respect to organ and tissue donation are often included in the Will and Personal Directive. Indicate your wishes below:

A Your wishes

Organ and Tissue donation to save lives? Yes No

Organ and Tissue donation for medical research? Yes No

Health Insurance Card Number: _____

B Partner's wishes (if applicable)

Organ and Tissue donation to save lives? Yes No

Organ and Tissue donation for medical research? Yes No

Health Insurance Card Number: _____

7 Assets

7.1 Real Estate

Include items such as your residence, cottage, vacation property and rental property.

A

Property Description _____

Address _____

City/Province _____

Postal code _____

Location of Property Deed _____

Property Purchase Price _____

Property value _____

Ownership: Sole Ownership Joint Tenants with Partner

Joint Tenants with Other _____

Name(s)

Tenants in Common _____

Name(s)

Is this property environmentally sensitive?

Yes No

Is there an outstanding mortgage on the property?

Yes No

Name of Mortgage Provider _____

Is the mortgage insured?

Yes No

If a rental property, also see section 8.5

B

Property Description

Address

City/Province

Postal code

Location of Property Deed

Property Purchase Price

Property value

Ownership: Sole Ownership Joint Tenants with Partner Joint Tenants with Other

Name(s)

 Tenants in Common

Name(s)

Is this property environmentally sensitive?

Yes No

Is there an outstanding mortgage on the property?

Yes No

Name of Mortgage Provider

Is the mortgage insured?

Yes No **If a rental property, also see section 8.5****C**

Property Description

Address

City/Province

Postal code

Location of Property Deed

Property Purchase Price

Property value

Ownership: Sole Ownership Joint Tenants with Partner Joint Tenants with Other

Name(s)

 Tenants in Common

Name(s)

Is this property environmentally sensitive?

Yes No

Is there an outstanding mortgage on the property?

Yes No

Name of Mortgage Provider

Is the mortgage insured?

Yes No **If a rental property, also see section 8.5**

D

Property Description

Address

City/Province

Postal code

Location of Property Deed

Property Purchase Price

Property value

Ownership: Sole Ownership Joint Tenants with Partner Joint Tenants with Other

Name(s)

 Tenants in Common

Name(s)

Is this property environmentally sensitive?

Yes No

Is there an outstanding mortgage on the property?

Yes No

Name of Mortgage Provider

Is the mortgage insured?

Yes No **If a rental property, also see section 8.5****E**

Property Description

Address

City/Province

Postal code

Location of Property Deed

Property Purchase Price

Property value

Ownership: Sole Ownership Joint Tenants with Partner Joint Tenants with Other

Name(s)

 Tenants in Common

Name(s)

Is this property environmentally sensitive?

Yes No

Is there an outstanding mortgage on the property?

Yes No

Name of Mortgage Provider

Is the mortgage insured?

Yes No **If a rental property, also see section 8.5**

7.2 Current Accounts and Investments

Include such items as savings and chequing accounts, investment accounts, private loans or mortgages (e.g. to family, friends or acquaintances), RRSPs, TFSAs, RESPs and any locked-in accounts. If you have online access to any of the accounts, provide the website, login/username and password.

A		
Asset Description (chequing account, savings account, TFSA, RRSP, etc.)	Firm	
Advisor Name	Account number	Value
Address	City/Province	Postal code
Ownership: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint – Partner <input type="checkbox"/> Joint – Other _____		
Website		
Login/Username	Password	
Security Question	Answer	
Security Question	Answer	
Security Question	Answer	
Security Question	Answer	

B

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

C

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

D

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

E

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

F

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

G

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

H

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

I

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

J

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

K

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

L

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

M

Asset Description (chequing account, savings account, TFSA, RRSP, etc.)

Firm

Advisor Name

Account number

Value

Address

City/Province

Postal code

Ownership: Sole Ownership Joint – Partner Joint – Other _____

Website

Login/Username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

7.3 Business Assets

A

Business Name _____

Type of Business _____

Operating Company Holding Company Professional Corporation

Other _____

Estimated Fair Market Value _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Is there a Unanimous Shareholders Agreement (USA)?

Yes No N/A

If yes, location of USA _____

Location of minute book _____

Location of financial statements _____

Is there key person insurance/corporate life insurance?

Yes No

If yes, details including policy location and value _____

Additional information:

B

Business Name _____

Type of Business _____

Operating Company Holding Company Professional Corporation

Other _____

Estimated Fair Market Value _____

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

Is there a Unanimous Shareholders Agreement (USA)? Yes No N/A

If yes, location of USA

Location of minute book

Location of financial statements

Is there key person insurance/corporate life insurance? Yes No

If yes, details including policy location and value

Additional information:

C

Business Name _____

Type of Business _____

Operating Company Holding Company Professional Corporation

Other _____

Estimated Fair Market Value _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Name of shareholder _____

Class of shares _____

Percentage interest _____

Is there a Unanimous Shareholders Agreement (USA)?

Yes No N/A

If yes, location of USA _____

Location of minute book _____

Location of financial statements _____

Is there key person insurance/corporate life insurance?

Yes No

If yes, details including policy location and value _____

Additional information:

D

Business Name _____

Type of Business _____

Operating Company Holding Company Professional Corporation

Other _____

Estimated Fair Market Value _____

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

_____ Name of shareholder	_____ Class of shares	_____ Percentage interest
------------------------------	--------------------------	------------------------------

Is there a Unanimous Shareholders Agreement (USA)? Yes No N/A

If yes, location of USA _____

Location of minute book _____

Location of financial statements _____

Is there key person insurance/corporate life insurance? Yes No

If yes, details including policy location and value _____

Additional information:

7.4 Life Insurance, Critical Care Insurance and Disability Insurance

A

Name of policy owner	Name of insured	
Insurance carrier	Policy number	Policy term/expiration
Face amount	Cash value	
Beneficiary(s)	Policy location	
Broker name		
Contact phone number	Email	
Policy type: <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> Critical <input type="checkbox"/> Annuity <input type="checkbox"/> Other _____		

B

Name of policy owner	Name of insured	
Insurance carrier	Policy number	Policy term/expiration
Face amount	Cash value	
Beneficiary(s)	Policy location	
Broker name		
Contact phone number	Email	
Policy type: <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> Critical <input type="checkbox"/> Annuity <input type="checkbox"/> Other _____		

C

Name of policy owner _____

Name of insured _____

Insurance carrier _____

Policy number _____

Policy term/expiration _____

Face amount _____

Cash value _____

Beneficiary(s) _____

Policy location _____

Broker name _____

Contact phone number _____

Email _____

Policy type: Life Disability Critical Annuity Other _____

D

Name of policy owner _____

Name of insured _____

Insurance carrier _____

Policy number _____

Policy term/expiration _____

Face amount _____

Cash value _____

Beneficiary(s) _____

Policy location _____

Broker name _____

Contact phone number _____

Email _____

Policy type: Life Disability Critical Annuity Other _____

E

Name of policy owner _____

Name of insured _____

Insurance carrier _____

Policy number _____

Policy term/expiration _____

Face amount _____

Cash value _____

Beneficiary(s) _____

Policy location _____

Broker name _____

Contact phone number _____

Email _____

Policy type: Life Disability Critical Annuity Other _____**F**

Name of policy owner _____

Name of insured _____

Insurance carrier _____

Policy number _____

Policy term/expiration _____

Face amount _____

Cash value _____

Beneficiary(s) _____

Policy location _____

Broker name _____

Contact phone number _____

Email _____

Policy type: Life Disability Critical Annuity Other _____

G

Name of policy owner _____

Name of insured _____

Insurance carrier _____

Policy number _____

Policy term/expiration _____

Face amount _____

Cash value _____

Beneficiary(s) _____

Policy location _____

Broker name _____

Contact phone number _____

Email _____

Policy type: Life Disability Critical Annuity Other _____**H**

Name of policy owner _____

Name of insured _____

Insurance carrier _____

Policy number _____

Policy term/expiration _____

Face amount _____

Cash value _____

Beneficiary(s) _____

Policy location _____

Broker name _____

Contact phone number _____

Email _____

Policy type: Life Disability Critical Annuity Other _____

I

Name of policy owner _____	Name of insured _____
Insurance carrier _____	Policy number _____ Policy term/expiration _____
Face amount _____	Cash value _____
Beneficiary(s) _____	Policy location _____
Broker name _____	
Contact phone number _____	Email _____
Policy type: <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> Critical <input type="checkbox"/> Annuity <input type="checkbox"/> Other _____	

J

Name of policy owner _____	Name of insured _____
Insurance carrier _____	Policy number _____ Policy term/expiration _____
Face amount _____	Cash value _____
Beneficiary(s) _____	Policy location _____
Broker name _____	
Contact phone number _____	Email _____
Policy type: <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> Critical <input type="checkbox"/> Annuity <input type="checkbox"/> Other _____	

7.5 Digital Assets

This may include digital currencies such as bitcoin, virtual bank accounts as well as details to email and social media accounts, cloud storage and domain names. If you participate in online marketplaces or loyalty rewards such as Starbucks, PayPal, eBay or Air Miles, details of such accounts should be listed.

You may also want to include passcodes for computers, smartphones and tablets.

A

Asset description

Details

Website (if applicable)

Login username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

B

Asset description

Details

Website (if applicable)

Login username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

C

Asset description

Details

Website (if applicable)

Login username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

D

Asset description

Details

Website (if applicable)

Login username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

E

Asset description _____

Details _____

Website (if applicable) _____

Login username _____ Password _____

Security Question _____ Answer _____

Security Question _____ Answer _____

Security Question _____ Answer _____

Security Question _____ Answer _____

F

Asset description _____

Details _____

Website (if applicable) _____

Login username _____ Password _____

Security Question _____ Answer _____

Security Question _____ Answer _____

Security Question _____ Answer _____

Security Question _____ Answer _____

G

Asset description

Details

Website (if applicable)

Login username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

H

Asset description

Details

Website (if applicable)

Login username

Password

Security Question

Answer

Security Question

Answer

Security Question

Answer

Security Question

Answer

I
Asset description

Details

Website (if applicable)

Login username Password

Security Question Answer

Security Question Answer

Security Question Answer

Security Question Answer

J
Asset description

Details

Website (if applicable)

Login username Password

Security Question Answer

Security Question Answer

Security Question Answer

Security Question Answer

7.6 Genetic Assets

Include spermatozoa, ovum, stem cells, embryos, cryonics and cryopreservation.

A

Asset Description

Owner

Location

Fees

Address

City/Province

Postal code

Contact phone number

Email

Owner's intention with the assets following death

B

Asset Description

Owner

Location

Fees

Address

City/Province

Postal code

Contact phone number

Email

Owner's intention with the assets following death

C

Asset Description

Owner

Location

Fees

Address

City/Province

Postal code

Contact phone number

Email

Owner's intention with the assets following death

7.7 Other Assets

Include jewelry, club memberships with equity value, automobiles, stock or bond certificates and art.

A

Asset Description _____

Purchase Price _____

Estimated Market Value _____

Location _____

Contact name _____

Contact phone number _____

Email _____

Ownership: Sole Ownership Joint – Partner Joint – Other _____

B

Asset Description _____

Purchase Price _____

Estimated Market Value _____

Location _____

Contact name _____

Contact phone number _____

Email _____

Ownership: Sole Ownership Joint – Partner Joint – Other _____

C

Asset Description _____

Purchase Price _____

Estimated Market Value _____

Location _____

Contact name _____

Contact phone number _____

Email _____

Ownership: Sole Ownership Joint – Partner Joint – Other _____

D

Asset Description _____

Purchase Price _____

Estimated Market Value _____

Location _____

Contact name _____

Contact phone number _____

Email _____

Ownership: Sole Ownership Joint – Partner Joint – Other _____**E**

Asset Description _____

Purchase Price _____

Estimated Market Value _____

Location _____

Contact name _____

Contact phone number _____

Email _____

Ownership: Sole Ownership Joint – Partner Joint – Other _____**F**

Asset Description _____

Purchase Price _____

Estimated Market Value _____

Location _____

Contact name _____

Contact phone number _____

Email _____

Ownership: Sole Ownership Joint – Partner Joint – Other _____

8 Other Income Sources

8.1 Spousal support

Yes No

If yes, provide details such as amount, length of payments etc.

8.2 Deferred compensation

Yes No If yes, value _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

8.3 Pension income

A Canada Pension Plan (CPP) Yes No If yes, value _____

B Old Age Security (OAS) Yes No If yes, value _____

C Guaranteed Income Supplement (GIS) Yes No If yes, value _____

D Private pension Yes No If yes, value _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

8.4 Other Income

A _____
Income type Value

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

B _____
Income type Value

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

C _____
Income type Value

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

D _____
Income type Value

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

8.5 Rental property

A

Address _____

Owners of property _____

Tenant name _____

Contact phone number _____

Email _____

Terms and location of lease agreement _____

Rental income _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

B

Address _____

Owners of property _____

Tenant name _____

Contact phone number _____

Email _____

Terms and location of lease agreement _____

Rental income _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

C

Address _____

Owners of property _____

Tenant name _____

Contact phone number _____

Email _____

Terms and location of lease agreement _____

Rental income _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

D

Address _____

Owners of property _____

Tenant name _____

Contact phone number _____

Email _____

Terms and location of lease agreement _____

Rental income _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

E

Address _____

Owners of property _____

Tenant name _____

Contact phone number _____

Email _____

Terms and location of lease agreement _____

Rental income _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

F

Address _____

Owners of property _____

Tenant name _____

Contact phone number _____

Email _____

Terms and location of lease agreement _____

Rental income _____

Frequency and applicable terms of income:

Bi-weekly Monthly Quarterly Semi-annually Other _____

9 Liabilities

A

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

B

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

C

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

D

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

E

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

F

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

G

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

H

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

I

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

J

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

K

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

L

Liability Description (mortgages, lines of credit, promissory notes, credit cards etc.)

Name of creditor

Address of creditor

City/Province

Postal code

Account number

Outstanding balance

Credit terms (including interest rate and term to maturity)

Nature of liability: Sole Joint – Partner Joint – Other _____

10 Location of important documents

A Safety Deposit Box

Institution

Address

City/Province

Postal code

Key Location

B Safe or Lockbox

Location

Code or Combination

Key Location (if applicable)

C File Cabinet

Location

Code or Combination

Key Location (if applicable)

D Documents

Birth certificate

Location of your document

Location of your partner's document

Proof of citizenship

Location of your document

Location of your partner's document

SIN card

Location of your document

Location of your partner's document

Healthcare card

Location of your document

Location of your partner's document

Passport

Location of your document

Location of your partner's document

Driver's license

Location of your document

Location of your partner's document

Other Identification

Location of your document

Location of your partner's document

Marriage certificate

Location of your document

Location of your partner's document

Cohabitation agreement

Location of document

Divorce decree

Location of your document

Location of your partner's document

Child/Spousal support agreements/court orders

Location of your document

Location of your partner's document

Matrimonial property settlement agreements/court orders

Location of your document

Location of your partner's document

Adoption papers

Location of your document

Location of your partner's document

Formal trust documents where you are the beneficiary or trustee

Location of your document

Location of your partner's document

Property insurance

Location of your document

Location of your partner's document

Car ownership

Location of your document

Location of your partner's document

Car insurance

Location of your document

Location of your partner's document

Tax returns

Location of your document

Location of your partner's document

Lease agreements

Location of your document

Location of your partner's document

Other _____

Location of your document

Location of your partner's document

Other _____

Location of your document

Location of your partner's document

Other _____

Location of your document

Location of your partner's document

Other _____

Location of your document

Location of your partner's document

Other _____

Location of your document

Location of your partner's document

Other _____

Location of your document

Location of your partner's document

11 Service Providers

Professional associations

Fitness memberships

Other memberships

Retail memberships

Associations

Cooperatives

Hydro

Heating/Natural Gas

Private health insurance

Newspaper & magazine subscriptions (digital/physical)

Streaming subscriptions

Mobile services

Other

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

12 Glossary

Agent in a Personal Directive

The party responsible for administering the Personal Directive.

Annuity

A contract typically issued by a life insurance company that guarantees income for a period of time.

Attorney in an Enduring Power of Attorney

The party responsible for administering the Enduring Power of Attorney.

Beneficiary

A party that receives a gift in a Will or a share of an estate or has a beneficial interest in a trust. A beneficiary may also be the named recipient of an insurance policy, annuity, registered plan, or pension.

Broker or Investment Advisor

A party registered with a securities firm that acts as an agent for its customer to buy and sell marketable securities.

Codicil

A document executed by the testator that either adds to, alters, or clarifies the content of the Will.

Corporate Trustee

A corporate entity, such as a trust company, acting in a fiduciary capacity. Can be named to act as executor, trustee and or attorney.

Critical Care Insurance

Insurance that is payable upon a medical emergency such as a heart attack, stroke, or cancer.

Current Account

Also known as a chequing account.

Disability Insurance

Insurance designed to replace a portion of income if you become disabled as a consequence of an injury or medical emergency.

Donor

The author of the Personal Directive.

Enduring Power of Attorney

A document appointing one or more individuals or a trust company to make financial decisions on your behalf if you are no longer capable or if you activate it voluntarily.

Executor, Administrator, or Personal Representative

The party or parties responsible for administering the estate.

Executrix

Female administrator or personal representative of an estate.

Fiduciary

Often an executor or trustee who puts the interests of the beneficiaries ahead of their own.

Grant of Probate or Letters of Probate

Court issued authority confirming that the Will is the last Will and Testament and that the named executor has the authority to administer the estate.

Grantor

The author of the Enduring Power of Attorney.

Group RRSP

Similar to an individual RRSP, but this retirement plan is administered on a group basis by the employer. Contributions to the plan are made on a pre-tax basis through a payroll deduction.

Home Equity Line of Credit (HELOC) or Line of Credit

A revolving credit facility typically offered by a bank, allowing the homeowner to access equity on their home.

Intestacy or Intestate

A term to describe an individual who dies without a Will or dies with a Will but fails to completely distribute the assets of the estate.

Joint Tenancy / Joint with Right of Survivorship

Property held by two or more parties that each has a common interest. Upon the death of one of those parties, the survivor or survivors assume ownership of the property.

Life Income Fund (LIF) or Locked in Retirement Income Fund (LRIF)

A tax-sheltered retirement account created when an individual turns 71 years old. It is most frequently funded with assets from a Locked-in Retirement Account (LIRA). Each year the annuitant/beneficiary receives from the LIF or LRIF a prescribed minimum income payment that is deemed as taxable income for the recipient.

Life Insurance

A contract between an insurance company and a policyholder whereby the insurance company guarantees the payment of a death benefit to a named beneficiary or beneficiaries upon the death of the insured.

Locked In Retirement Account (LIRA)

A tax-sheltered retirement account most frequently funded with assets from a Registered Pension Plan (RPP). Such accounts are typically required when an individual contributed to a pension plan and left that employer before retirement.

Memorandum of Personal Effects

Typically a non-binding document that complements a Will. A memorandum describes how the executor should distribute personal effects.

Personal Directive

A document appointing an agent to make personal medical and health care decisions when the donor can no longer make them.

Registered Education Savings Plan

A tax-sheltered savings plan for children that is designed to help offset the costs of post-secondary education. Contributions are not tax deductible.

Registered Pension Plan

A form of a retirement savings plan where an employer or a union provided periodic income payments to former employees.

Registered Retirement Savings Plan (RRSP)

A form of a retirement savings plan with income and capital gains accumulating on a tax-deferred basis. Contributions to the RRSP are tax deductible to the contributor.

Residue

The balance remaining in an estate after the distribution of specific gifts, taxes, liabilities, and expenses.

Stock Option

Are issued by private and public companies and give the employee the right, but not an obligation, to acquire stock at a later date, often for a predetermined price.

Tax Free Savings Account (TFSA)

A form of registered savings account where income and capital gains accrue tax-free. Contributions are not tax deductible and withdrawals are not taxable.

Tenants in Common

Where two or more people share an interest in property. Each owner's interest will form part of their respective estate and will not automatically pass to the surviving co-property owner.

Testamentary Trust

A type of trust established in a Will for the benefit of a beneficiary or multiple beneficiaries. The trustee or trustees named in the Will are responsible for the administration of the trust and will distribute assets from the trust pursuant to the terms in the Will.

Testator/Testatrix

A person who prepared a last will and testament.

Will

A legal document prepared by a testator that comes into effect on death and provides direction regarding the administration, management, and distribution of the testator's estate.



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