

ESTATE PLAN QUESTIONNAIRE AND FINANCIAL SUMMARY

So we can provide you with the most accurate and valuable advice, it is recommended that you complete this Will and estate plan questionnaire and financial summary. **This information is confidential and only used for the purpose of providing legal advice regarding your Will and estate plan.** By preparing this information in advance, our first meeting will be more efficient.

PERSONAL INFORMATION:

Complete Name: _____

Also Known As: _____

Male

Female

Occupation: _____

Date of Birth: _____

Citizenship: _____

Do you have a spouse/partner: Yes No

Name of spouse/partner: _____

Occupation of spouse/partner: _____

Date of Birth: _____

Date of marriage: _____

Date of cohabitation: _____

Citizenship of spouse/partner: _____

Address:

Home Telephone: _____

Work Telephone: _____

Fax: _____

Email: _____

Please tell us about your children and/or dependents. We have provided space to list up to four children/dependents — use extra paper if required. Refer to page 2 of the Estate Planning Guide for a definition of dependent.

1. Name of child/dependent:

Age: _____

Where does he/she live? _____

Does your child/dependent have a spouse/partner? Yes No

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s):

Name:	Age:	Where does he or she live?

2. Name of child/dependent:

Age: _____

Where does he/she live? _____

Does your child/dependent have a spouse/partner? Yes No

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s):

Name:	Age:	Where does he or she live?

3. Name of child/dependent:

Age: _____

Where does he/she live? _____

Does your child/dependent have a spouse/partner? Yes No

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s):

Name:	Age:	Where does he or she live?

4. Name of child/dependent:

Age: _____

Where does he/she live? _____

Does your child/dependent have a spouse/partner? Yes No

Name of spouse/partner: _____

Date of marriage: _____

Date of cohabitation: _____

Please list any children/dependents of the above individual(s): _____

Name:	Age:	Where does he or she live?

Do any of the individuals listed above have special needs?

Name of proposed custodian/guardian for minor children?

Alternate custodian/guardian should the above not be able to:

ADDITIONAL PROVISIONS

Do you have an existing Will? Yes No

If yes: When was the last time you reviewed your Will with a professional?

Estate Trustee(s) named in your **existing** Will (please provide name, date of birth, and relationship):

- 1 _____
2 _____

Who do you want to administer your estate in your **revised** Will? If this person is unable to act, who would you appoint to act as an alternate? (Please provide name, date of birth, country of residence, and relationship to you).

First:

Name: _____

Date of Birth: _____

Country of Residence: _____

Relationship: _____

Alternate:

Name: _____

Date of Birth: _____

Country of Residence: _____

Relationship: _____

Intended beneficiaries of your estate (please provide name, date of birth, and relationship):

All to spouse:

Name: _____

Date of Birth: _____

Children if spouse is predeceased

1. Name: _____

Date of Birth: _____

2. Name: _____

Date of Birth: _____

3. Name: _____
Date of Birth: _____

Siblings/alternate beneficiaries should your immediate family all predecease you

4. Name: _____
Date of Birth: _____

5. Name: _____
Date of Birth: _____

6. Name: _____
Date of Birth: _____

Do you have a specific request for the Disposition of your remains? Would you like to be buried/cremated?

Do you have preplanned funeral arrangements?

1. Do you **currently** have a power of attorney for property? Yes No

Details:

Who have you appointed to make financial decisions for you?

Do you have an alternate person named?

If you have two people acting jointly, how practical is this?

2. Do you **currently** have a power of attorney for personal care? Yes No

Who have you appointed to make financial decisions for you?

Do you have an alternate person named?

If you have two people acting jointly, how practical is this?

Who will make **financial** decisions for you should you be unable?

Details:

Relationship:

Address:

3. If you become incapacitated, who will make **personal care** decisions for you? Who would you name as an alternate?

First:

Details: _____

Relationship: _____

Address: _____

Alternate

Details: _____

Relationship: _____

Address: _____

- 4. Health Care Directive - In the event that the situation arises in which there is no reasonable expectation of recovery from extreme mental or physical disability, do you wish to be kept alive by artificial means or "heroic measures"?

- 5. Do you want to give directions to this person for medical treatment and personal care?

Details:

Do you have a life insurance policy? If yes, please provide details of the policy (term or life, amount, beneficiary, death benefit, etc.):

WILL AND ESTATE PLANNING FINANCIAL SUMMARY

Assets			
Bank Accounts	NAMED BENEFICIARIES	OWNERSHIP (i.e. sole or joint)	ESTIMATED VALUE
Savings Account(s)			
Chequing Account(s)			
Investments	NAMED BENEFICIARIES	OWNERSHIP (i.e. sole or joint)	ESTIMATED VALUE
Guaranteed Investment			
Common Shares			
Preferred Shares			
Bonds			
Mutual Funds			

Other Investments			
Tax Sheltered Investments	NAMED BENEFICIARIES	OWNERSHIP (i.e. sole or joint)	ESTIMATED VALUE
Registered Retirement Savings (RRSP)			
Registered Retirement Income (RRIF)			
Life Income Fund (LIF)			
Life Income Retirement Account (LIRA)			
Tax Free Savings Account (TFSA)			
Pension benefits (ex: death benefit)			
Employment benefits on retirement			
Employment benefits on death			
Registered Education Savings Plan			

Other Investments			
Principal Residence			
Recreational Property			
Investment Property			
Other	NAMED BENEFICIARIES	OWNERSHIP (i.e. sole or joint)	ESTIMATED VALUE
<i>Life Insurance</i>			
<i>Business Interests</i>			
Other Assets	NAMED BENEFICIARIES	OWNERSHIP (i.e. sole or joint)	ESTIMATED VALUE
Automobiles			
Air Miles or Reward Benefits			
Recreational Vehicles			
Antiques/Collectibles (jewellery, precious metals, etc.)			
Debts payable to you			

LIABILITIES			
	OWNERSHIP (sole or joint debt)	PROVISIONS FOR REPAYMENT UPON DEATH (i.e. mortgage life insurance)	ESTIMATED AMOUNT OWING
Mortgages			
Personal Loans			
Credit Cards			
Other Debts			