

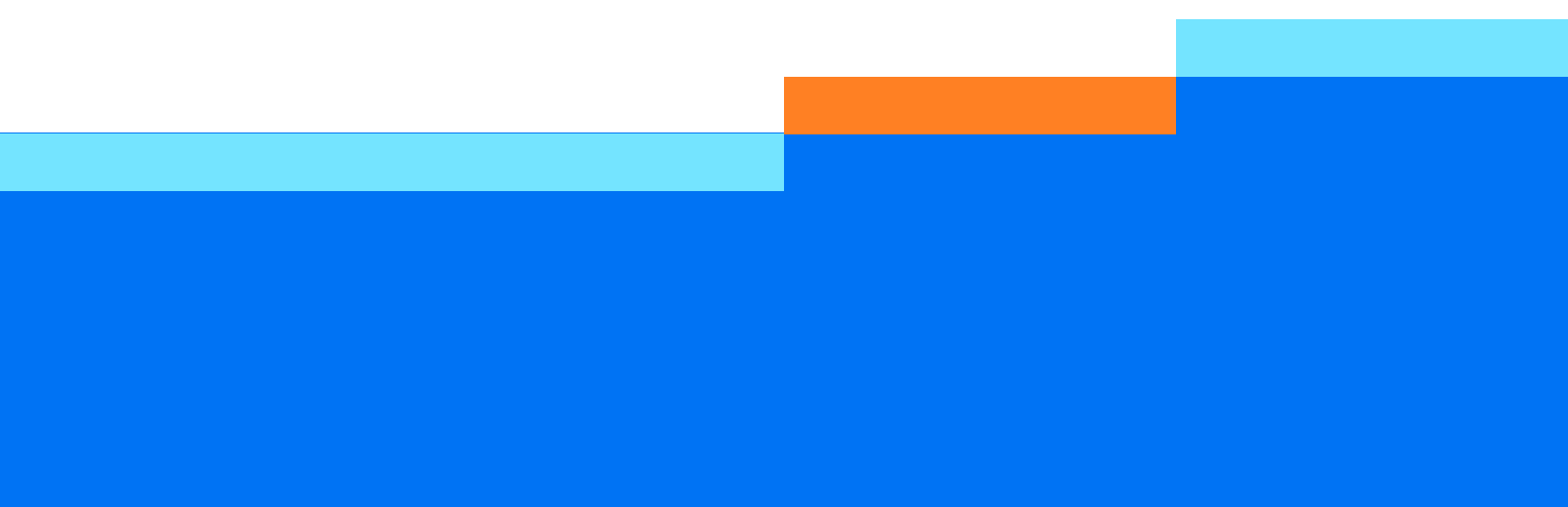
# ASSET AND LIABILITY ORGANIZER

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

# 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.

<b>A</b>		
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:  
\_\_\_\_\_  
\_\_\_\_\_









## 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:  Life  Disability  Critical  Annuity  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:  Life  Disability  Critical  Annuity  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 Effect**

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.

## 13 Notes

Use this section to provide any further instructions or information not captured elsewhere in this Organizer. For example, indicate if you have valuables that require an appraisal, if you have preferred service advisors, and family members/friends (outside your immediate circle) who are to be notified of your passing.







ATB Wealth® (a registered trade name) consists of a range of financial services provided by ATB Financial and certain of its subsidiaries. ATB Investment Management Inc. and ATB Securities Inc. are individually licensed users of ATB Wealth. ATB Securities Inc. is a member of the Canadian Investor Protection Fund and the Canadian Investment Regulatory Organization.

The information contained herein has been compiled or arrived at from sources believed to be reliable, but no representation or warranty, expressed or implied, is made as to their accuracy or completeness, and ATB Wealth (this includes all the above legal entities) does not accept any liability or responsibility whatsoever for any loss arising from any use of this document or its contents. This information is subject to change and ATB Wealth does not undertake to provide updated information should a change occur. This document may not be reproduced in whole or in part, or referred to in any manner whatsoever, nor may the information, opinions and conclusions contained in it be referred to without the prior consent of the appropriate legal entity using ATB Wealth. This document is being provided for information purposes only and is not intended to replace or serve as a substitute for professional advice, nor as an offer to sell or a solicitation of an offer to buy any investment. Professional legal and tax advice should always be obtained when dealing with legal and taxation issues as each individual's situation is different.