



ASSETS AND PERSONAL DOCUMENTS

If something happened to you, would your family know what to do? For example, does your spouse know where to find your will, your incapacity mandate or whether or not you even have one?

By completing this questionnaire, you will make things easier for your family at a time when they need it most.

PERSONAL INFORMATION

Name _____

Address _____

Social Insurance Number _____

Spouse's name _____

Address (if different) _____

Social Insurance Number _____

Name of children _____

Address (if applicable) _____

Social Insurance Number(s)* _____

* To apply for a Social Insurance Number, go to: www.hrdc-drhc.gc.ca/sin

My Will

I have a will. Yes No

If yes, it is located: _____

Legal advisor or trustee who prepared or registered my will:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

In my will, I have named as estate executor(s) or trustee(s):

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

I have an incapacity mandate. Yes No

Legal advisor who prepared or registered the mandate:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Mandatory _____

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Funeral Arrangements

In the will In a letter Other

I wish to be: Exposed Buried Cremated

Funeral Arrangements Paid in Advance

Yes No

Name of funeral home: _____

Address _____

Tel. _____ Fax _____

E-mail _____

My Employer

Employer's name _____

Address _____

Tel. _____ Fax _____

E-mail _____

At work, I have:

Group insurance Yes No

Pension fund Yes No

I am entitled to a pension fund from my former employer.

Yes No

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

MY PERSONAL DOCUMENTS

I have a birth certificate.*

Yes No

It is located:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

I was not born in Canada.

My citizenship papers are located:

My marriage contract or certificate* is located:

Notary who registered my marriage contract:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

My cohabitation agreement is located:

I am separated from my common-law spouse

I am divorced

I am legally separated

Province and court _____

The decree is located:

Credit Cards

Card number	Issued by
_____	_____
_____	_____
_____	_____
_____	_____

====> **WHERE TO FIND MY PERSONAL DOCUMENTS**

Safety deposit box Yes No
Location and number: _____

The key is located: _____

Other persons with access to my safety deposit box:
Name _____
Address _____

Tel. _____ Fax _____

E-mail _____

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

In another location:

Known by:
Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

====> **RESIDENCE AND OTHER PROPERTY**

Main residence Rent
Address _____

Name of landlord _____

Address _____

Tel. _____ Fax _____

E-mail _____

Lease expiry date _____

Main or secondary residence Own
Address _____

Sole owner

Jointly owned with:

Co-owned with:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Mortgage Yes No

Creditor _____

Address _____

Tel. _____ Fax _____

E-mail _____

Other property? Yes No

Proprietor: Sole owner Owned jointly with:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Co-owned with:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Property address(es)

⇒ **REGISTERED RETIREMENT SAVINGS PLANS**

I have a registered retirement savings plan(s).

Yes No

With:

Institution _____

Address _____

Tel. _____ Fax _____

E-mail _____

Contract number _____

Institution _____

Address _____

Tel. _____ Fax _____

E-mail _____

Contract number _____

Institution _____

Address _____

Tel. _____ Fax _____

E-mail : _____

Contract number _____

⇒ **LOCKED-IN RETIREMENT ACCOUNT**

I have a locked-in retirement account. Yes No

With:

Institution _____

Address _____

Tel. _____ Fax _____

E-mail _____

Contract number _____

====> **BANKING ACCOUNTS**

I have banking accounts at the following financial institutions:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Account number _____

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Account number _____

My bankbooks are located:

====> **SECURITIES AND INVESTMENTS**

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Contract number _____

Type _____

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Contract number _____

Type _____

I own stocks and bonds. Yes No

Identification _____

====> **DEBTORS AND CREDITORS**

The following people owe me money:

Name _____

Address _____

_____ \$ _____

Tel. _____ Fax _____

E-mail _____

Name _____

Address _____

_____ \$ _____

Tel. _____ Fax _____

E-mail _____

Name _____

Address _____

_____ \$ _____

Tel. _____ Fax _____

E-mail _____

The trust deed and other pertinent documents are located:

I am the beneficiary of a trust. Yes No

For information, contact:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

I am the trustee of a trust. Yes No

For information, contact:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

I have bank loans. Yes No

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Amount _____

Insured loan Yes No

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Amount _____

Insured loan Yes No

====> **CLUBS AND ASSOCIATIONS**

I belong to the following clubs and associations:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Death benefits Yes No

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

Death benefits Yes No

Income Tax Returns

Copies of my income tax returns are located:

With my accountant (name) _____

Address _____

Tel. _____ Fax _____

E-mail _____

Elsewhere:

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

====> **OTHER ASSETS**

I own the following items (jewelry, collection, furniture, automobile, etc.):

(List all items and indicate where they are located.)

Items	Location
-------	----------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Inventory date

Revised on

➡ **MY LIFE INSURANCE AGENT**

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

➡ **MY GENERAL INSURANCE AGENT***

Name _____

Address _____

Tel. _____ Fax _____

E-mail _____

* Fire, accident and other risks