Personal Information

Name(s):_____ **Date:**_____

Next of Kin		
1	Name:	Phone #:
	Email:	Relationship:

2	Name:	Phone #:
	Email:	Relationship:

3	Name:	Phone #:
	Email:	Relationship:

4	Name:	Phone #:
	Email:	Relationship:

5	Name:	Phone #:
	Email:	Relationship:

6	Name:	Phone #:
	Email:	Relationship:

Executor(s)		
1	Name:	Phone #:
	Email:	

2	Name:	Phone #:
	Email:	

3	Name:	Phone #:
	Email:	

Personal Information

Name(s):_____ **Date:**_____

Contingent Executor(s)		
1	Name:	Phone #:
	Email:	

2	Name:	Phone #:
	Email:	

3	Name:	Phone #:
	Email:	

Important Contacts	
Lawyer	
Name:	Company:
Email:	Phone #:

Accountant	
Name:	Company:
Email:	Phone #:

Financial Advisor	
Name:	Company:
Email:	Phone #:

Insurance Agent	
Name:	Company:
Email:	Phone #:

Bank	
Name:	Branch:
Email:	Phone #:

Personal Information

Name(s):_____ **Date:**_____

Key Employee	
Name:	Company:
Email:	Phone #:

Spiritual Leader	
Name:	Place of Worship:
Email:	Phone #:

Will	
Do you have a will?	☐ Yes ☒ No
The original is located	
A copy is located	
The will was last dated	

Personal Records	
Date of Birth	
Place of Birth	
Birth Certificate is located	
Social Insurance Number	
Mother's maiden name	
Marriage Certificate	☐ Yes ☒ No
Prenuptial Agreement	☐ Yes ☒ No
Divorce Agreement	☐ Yes ☒ No
They are located	
Passport	☐ Yes ☒ No
Other Citizenship papers	☐ Yes ☒ No
They are located	

Personal Information

Name(s):_____ **Date:**_____

Safety Deposit Box	
Do you have a Safety Deposit Box?	☐Yes ☒No
Location of box	
Location of keys	
Names of others who have access	

Living Will	
Do you have a living will?	☐Yes ☒No
The original is located	
To whom have you given authority to make medical decisions on your behalf?	8

Power of Attorney	
Do you have a General Power of Attorney?	☐Yes ☒No
The original is located	
To Whom have you given authority to make decision on your behalf?	

Organ Donation	
Do you wish to donate your organs/tissues for transplant?	☐Yes ☒No
Do you wish to donate your body for education/research?	☐Yes ☒No
Comments	
Have you indicated this on your Organ Donor Card?	☐Yes ☒No
Have you indicated this on your Provincial Health Card?	☐Yes ☒No
Have you informed your Doctor?	☐Yes ☒No
Have you informed your Next of Kin?	☐Yes ☒No

Personal Information

Name(s):_____ **Date:**_____

Funeral Arrangements	
Have you made Funeral Arrangements?	☐Yes ☒No
Funeral Home	
Funeral Home Phone #	
Have you set out instructions in a letter?	☐Yes ☒No
Original is located	
Do you own a cemetery plot?	☐Yes ☒No
Plot is located	
Deed is located	

Life Insurance	
#1 Policy on your life	
Company:	Policy Located:
Policy #:	Beneficiary:
Owner:	Collaterally Assigned to:

#2 Policy on your life	
Company:	Policy Located:
Policy #:	Beneficiary:
Owner:	Collaterally Assigned to:

#3 Policy on your life	
Company:	Policy Located:
Policy #:	Beneficiary:
Owner:	Collaterally Assigned to:

#4 Policy on your life	
Company:	Policy Located:
Policy #:	Beneficiary:
Owner:	Collaterally Assigned to:

Personal Information

Name(s):_____ **Date:**_____

#1 Policy you own on others	
Insured:	Company:
Policy #:	Policy located:

#2 Policy you own on others	
Insured:	Company:
Policy #:	Policy located:

#3 Policy you own on others	
Insured:	Company:
Policy #:	Policy located:

#4 Policy you own on others	
Insured:	Company:
Policy #:	Policy located:

Disability, Critical Illness and Long-Term Care Insurance		
1	Type:	Company:
	Policy #:	Policy located:

2	Type:	Company:
	Policy #:	Policy located:

3	Type:	Company:
	Policy #:	Policy located:

4	Type:	Company:
	Policy #:	Policy located:

Personal Information

Name(s):_____ **Date:**_____

Hospital & Medical Insurance		
1	Company:	
	Policy #:	Policy located:

2	Company:	
	Policy #:	Policy located:

Out of Province Travel Insurance		
1	Company:	
	Policy #:	Policy located:

2	Company:	
	Policy #:	Policy located:

Retirement Funding		
Are you a member of a Registered Pension Plan?	☐ Yes	☒ No
1	Carrier Name:	Account #:
2	Carrier Name:	Account #:

Do you have a Registered Retirement Income Fund (RRIF)?	☐ Yes	☒ No
1	Carrier Name: Account #:	Advisor:
2	Carrier Name: Account #:	Advisor:

Are you a member of a Deferred Profit Sharing Plan (DPSP)?	☐ Yes	☒ No
1	Carrier Name:	Account #:
2	Carrier Name:	Account #:

Do you hold any Annuity contracts?	☐ Yes	☒ No
1	Carrier Name: Account #:	Advisor:
2	Carrier Name: Account #:	Advisor:

Personal Information

Name(s):_____ **Date:**_____

Do you have an Individual Pension Plan (IPP)?		☐ Yes ☒ No
1	Company:	Account #:

Do you have a Retirement Compensation Arrangement (RCA)?		☐ Yes ☒ No
1	Trustee:	Trust Acct #:

Employment	
Employer's Name	
Phone	
Email	
At work, I have Group Insurance	☐ Yes ☒ No
At work, I have a Pension Fund	☐ Yes ☒ No

Memberships
List all membership in clubs, associations, groups etc.

Personal Information

Name(s):_____ Date:_____

Notes