



# Estate planning

Personal records organizer



Use this document to organize information about your personal and financial affairs. It will serve as a valuable resource for your survivors and estate administrators upon your passing. Keep it in a safe place along with your other important papers and be sure to let your family know where it's kept.

Your name:

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Date completed/last updated:

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## People to contact

### Next of kin

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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## Executor (or Liquidator in Quebec)

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Employer/business office

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Lawyer/notary

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Accountant/tax preparer

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Financial institution(s)

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## IG Consultant:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## Others

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

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# Estate documents

## Financial decisions

**Do you have a “Power of Attorney for Finances”?**

Yes  No

If so, where is this document kept?

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**For Quebec residents:**

**Do you have a “Mandate in Case of Incapacity”**

Yes  No

If yes, where is this document kept?

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## Medical/personal care decisions

**Do you have a “Power of Attorney for Personal Care”, “Health Care Directive” or “Living Will” (if allowed in your province)?**

Yes  No

If yes, where is this document kept?

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**For Quebec residents:**

**Do you have a “Mandate in Case of Incapacity”**

Yes  No

If yes, where is this document kept?

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## Will

**Do you have a Will?**

Yes  No

The original is located:

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A copy is located:

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The Will was dated/last updated:

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## Organ donation

**Do you want to donate your organs or body for transplant, medical research or education?**

Yes  No

If yes, explain:

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**Have you expressed this in your:**

Will and/or Living Will

Organ donor card

Driver's license/provincial health card



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# Personal details

## Personal data

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Location of birth certificate: \_\_\_\_\_

Social insurance/social security number: \_\_\_\_\_

## Digital assets

**What online accounts and services do you have that you want your survivors to be able to access and terminate (if applicable)?**

Computer login \_\_\_\_\_

Email account(s) \_\_\_\_\_

Digital media accounts (i.e. music, videos, books) \_\_\_\_\_

Social media:

Facebook  Yes  No \_\_\_\_\_

Twitter  Yes  No \_\_\_\_\_

LinkedIn  Yes  No \_\_\_\_\_

Instagram  Yes  No \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Citizenship papers

**Do you have a Passport?**

Yes  No

**Do you have a Permanent Resident or Landed Immigrant Card?**

Yes  No

Location of original documents: \_\_\_\_\_

\_\_\_\_\_

## Marriage/Divorce certificates

**Marriage certificate**

Yes  No

**Civil Union/Domestic Partnership licence**

Yes  No

**Divorce certificate**

Yes  No

Location of original documents: \_\_\_\_\_

\_\_\_\_\_

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## Domestic contracts

### Do you have a:

- Co-habitation agreement?
- Pre-nuptial agreement?
- Marriage contract?
- Separation agreement?
- Divorce order?

Location of original documents:  
\_\_\_\_\_

## Military service

### Are you currently on active duty?

- Yes  No

If you have been discharged, your discharge papers are located:  
\_\_\_\_\_

Country of enlistment:  
\_\_\_\_\_

Veteran's number:  
\_\_\_\_\_

### Do you have a military pension?

- Yes  No

## Club or association memberships

Name:  
\_\_\_\_\_

Address line 1:  
\_\_\_\_\_

Address line 2:  
\_\_\_\_\_

City/town:  
\_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name:  
\_\_\_\_\_

Address line 1:  
\_\_\_\_\_

Address line 2:  
\_\_\_\_\_

City/town:  
\_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name:  
\_\_\_\_\_

Address line 1:  
\_\_\_\_\_

Address line 2:  
\_\_\_\_\_

City/town:  
\_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Loyalty reward programs

Name:  
\_\_\_\_\_

Account number:  
\_\_\_\_\_

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# Financial commitments

## Rent or mortgage payments

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## Outstanding loans/lines of credit/credit or charge cards/business loans/guarantees

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_

Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## Other financial obligations (i.e. auto lease, spousal or child support, etc.)

Creditor: \_\_\_\_\_  
Nature of Obligation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor: \_\_\_\_\_  
Nature of Obligation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor: \_\_\_\_\_  
Nature of Obligation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# Insurance

## Life insurance

### Policies you own on your life:

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

### Policies you own on others:

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

### Policies others own on your life:

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_  
Owner of policy: \_\_\_\_\_  
Location of policy: \_\_\_\_\_

## Disability, critical illness or long term care insurance

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

## Hospital & medical insurance

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

## Out of province travel insurance

Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
\_\_\_\_\_

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# Investments

## Investment funds

Name of fund: \_\_\_\_\_

Account #: \_\_\_\_\_

Advisor's name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City/town: \_\_\_\_\_

Registered owner(s): \_\_\_\_\_

Name of fund: \_\_\_\_\_

Account #: \_\_\_\_\_

Advisor's name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City/town: \_\_\_\_\_

Registered owner(s): \_\_\_\_\_

Name of fund: \_\_\_\_\_

Account #: \_\_\_\_\_

Advisor's name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City/town: \_\_\_\_\_

Registered owner(s): \_\_\_\_\_

Name of fund: \_\_\_\_\_

Account #: \_\_\_\_\_

Advisor's name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City/town: \_\_\_\_\_

Registered owner(s): \_\_\_\_\_

## Annuity contracts

Policy number: \_\_\_\_\_

Carrier name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City/town: \_\_\_\_\_

Policy number: \_\_\_\_\_

Carrier name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City/town: \_\_\_\_\_

### Do you receive income from them?

Yes  No

Information about these annuities is located: \_\_\_\_\_

## Guaranteed investment funds and/or segregated funds

Policy number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Annuitant(s): \_\_\_\_\_

Beneficiary (ies): \_\_\_\_\_

Advisor: \_\_\_\_\_

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## Securities

### Do you own any stocks or bonds?

Yes  No

Information about them is located:

\_\_\_\_\_

### Are any of your securities pledged for loans?

Yes  No

If yes, with whom:

\_\_\_\_\_

### Are you a member of a registered pension plan?

Yes  No

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

### Do you have a registered retirement savings plan (RRSP)?

Yes  No

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

### Do you have a registered retirement income fund (RRIF)?

Yes  No

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

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**Are you a holder of a tax-free savings account (TFSA)?**

Yes  No

Account #: \_\_\_\_\_  
Carrier name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Beneficiary/successor holder: \_\_\_\_\_

**Are you a subscriber to a registered education savings plan (RESP)?**

Yes  No

Account #: \_\_\_\_\_  
Carrier name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Beneficiary (ies): \_\_\_\_\_

Account #: \_\_\_\_\_  
Carrier name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Beneficiary (ies): \_\_\_\_\_

**Are you a holder of a registered disability savings plan (RDSP)?**

Yes  No

Account #: \_\_\_\_\_  
Carrier name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Beneficiary (ies): \_\_\_\_\_

**Are you a member of a deferred profit sharing plan (DPSP)?**

Yes  No

Account #: \_\_\_\_\_  
Carrier name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Beneficiary (ies): \_\_\_\_\_  
Information about this plan is located: \_\_\_\_\_

# Residence and real estate

## Residence and real estate

| TYPE OF REAL ESTATE<br>(E.G. HOUSE, CONDO, ETC.) | TITLE IS HELD BY<br>(SELECT ONE)  | IS THERE A<br>MORTGAGE?<br>(SELECT ONE)                  | MORTGAGE IS<br>HELD BY: |
|--|---|--|-------------------------|
|  | <input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint | <input type="checkbox"/> yes <input type="checkbox"/> no |                         |
|  | <input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint | <input type="checkbox"/> yes <input type="checkbox"/> no |                         |
|  | <input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint | <input type="checkbox"/> yes <input type="checkbox"/> no |                         |
|  | <input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint | <input type="checkbox"/> yes <input type="checkbox"/> no |                         |

### Where are the following located?

Certificates of title:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Copy of mortgages:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property insurance policies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Land surveys:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property tax receipts:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Leases:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Building cost figures  
 (original value plus capital improvements to date):  
 \_\_\_\_\_  
 \_\_\_\_\_

Mortgage insurance policy:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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# Personal property

## Vehicles

### List all vehicles you own:

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Vehicle registrations are located:

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Bill of sale and insurance papers are located:

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### Are household furnishings insured?

Yes  No

Bills of sale, an inventory of and insurance policies for household furnishings are located:

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Jewelry, stamp collections, coin collections, appraisal documents, etc. are located:

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Collections/heirlooms/items of special value:

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# Outstanding Debts

## People who owe you money

Name: 

---

Amount: 

---

Date: 

---

Demand/maturity date: 

---

Address line 1: 

---

Address line 2: 

---

City/town: 

---

Name: 

---

Amount: 

---

Date: 

---

Demand/maturity date: 

---

Address line 1: 

---

Address line 2: 

---

City/town: 

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# Trust funds

## Are you a beneficiary of any trusts?

Yes  No

Purpose: 

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Trustees are: 

---

Trust papers are located: 

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Amount \$: 

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## Are you a trustee of any trusts?

Yes  No

Purpose: 

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Trust papers are located: 

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# Net worth statement

| ASSETS  | WHAT YOU OWN  | CURRENT AMOUNT       |
|---|---|----------------------|
| Liquid assets   | Cash on hand  | \$                   |
|   | Chequing/savings/broker accounts  | \$                   |
|   | Canada Savings Bonds  | \$                   |
|   | Term deposits/investment certificates   | \$                   |
|   | Other   | \$                   |
| Marketable assets                                       | Government/corporate bonds  | \$                   |
|   | Common shares   | \$                   |
|   | Preferred shares  | \$                   |
|   | Mutual funds  | \$                   |
|   | Real estate investments   | \$                   |
|   | Segregated funds/guaranteed investment funds  | \$                   |
|   | Other (business interest, farm, etc.)   | \$<br>\$<br>\$<br>\$ |
| Long-term assets  | Cash value of life insurance (also indicate amounts to be received as death benefit by your estate upon your death) | \$                   |
|   | Registered retirement savings/income plans  | \$                   |
|   | Registered education savings plans  | \$                   |
|   | Tax-free savings accounts   | \$                   |
|   | Registered disability savings plans   | \$                   |
|   | Other (pensions/profit sharing plans, etc.)   | \$                   |
| Personal assets   | Personal residence  | \$                   |
|   | Recreation property   | \$                   |
|   | Vehicles  | \$                   |
|   | Household furnishings/equipment   | \$                   |
|   | Other (art, coins, jewelry, etc.)   | \$                   |
|   | <b>TOTAL ASSETS</b>   | <b>\$</b>            |
| LIABILITIES   | WHAT YOU OWE  | CURRENT AMOUNT       |
| Short-term debt   | Charge accounts/credit cards  | \$                   |
|   | Loans/lines of credit   | \$<br>\$             |
|   | Taxes (income/property tax owing)   | \$                   |
|   | Other (life insurance loans, etc.)  | \$                   |
|   | Unpaid bills  | \$                   |
| Long-term debt  | Home mortgage   | \$                   |
|   | Other property mortgage   | \$                   |
|   | Other (line of credit, margin account, etc.)  | \$                   |
|   | <b>TOTAL LIABILITIES</b>  | <b>\$</b>            |
| Total assets minus total liabilities = <b>NET WORTH</b> |   | <b>\$</b>            |

At IG Wealth Management, we believe in the power of financial advice to change lives for the better. We are committed to helping Canadians feel empowered about their finances and to improving their ability to achieve their personal financial goals by synchronizing all aspects of their financial lives through the IG Living Plan.\*

For more information, please contact your IG Consultant.



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\* To learn more about the IG Living Plan, visit <https://www.ig.ca/en/why-us/living-plan>

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