

Legacy planning

Personal records organizer

Your name: _____

Date completed/last updated: _____

01 | 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: _____

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: _____

Financial Institution(s):

Name: _____

Telephone: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Name: _____

Telephone: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Investors Group 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: _____

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 death.

Keep it in a safe place along with your
other important papers and be sure to
let your family know where it's kept.



02 | Estate documents

Financial Decisions

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

Yes No

If yes, where is this document kept?

For Quebec residents: Do you have a “Mandate in Case of Incapacity”

Yes No

If yes, where is this document kept?

Medical/Personal Care Decisions

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

Yes No

If yes, where is this document kept?

For Quebec residents: Do you have a “Mandate in Case of Incapacity”

Yes No

If yes, where is this document kept?

Will

Do you have a Will?

Yes No

The original is located:

A copy is located:

The Will was dated/last updated:

Organ Donation

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

Yes No

If yes, explain:

Have you expressed this in your:

- Will and/or Living Will
- Organ donor card
- Driver’s license/provincial health card

Have you informed your:

- Doctor
- Next of kin
- Living Will representative
- Mandatory or representative (for residents of Quebec)

Funeral Arrangements

Have you made funeral arrangements?

Yes No

Funeral home:

Telephone:

Address line 1:

Address line 2:

City/town:

Province:

Postal Code:

Have you set out instructions in your Will?

Yes No

In a letter?

Yes No

They are located:

Do you own a cemetery plot?

Yes No

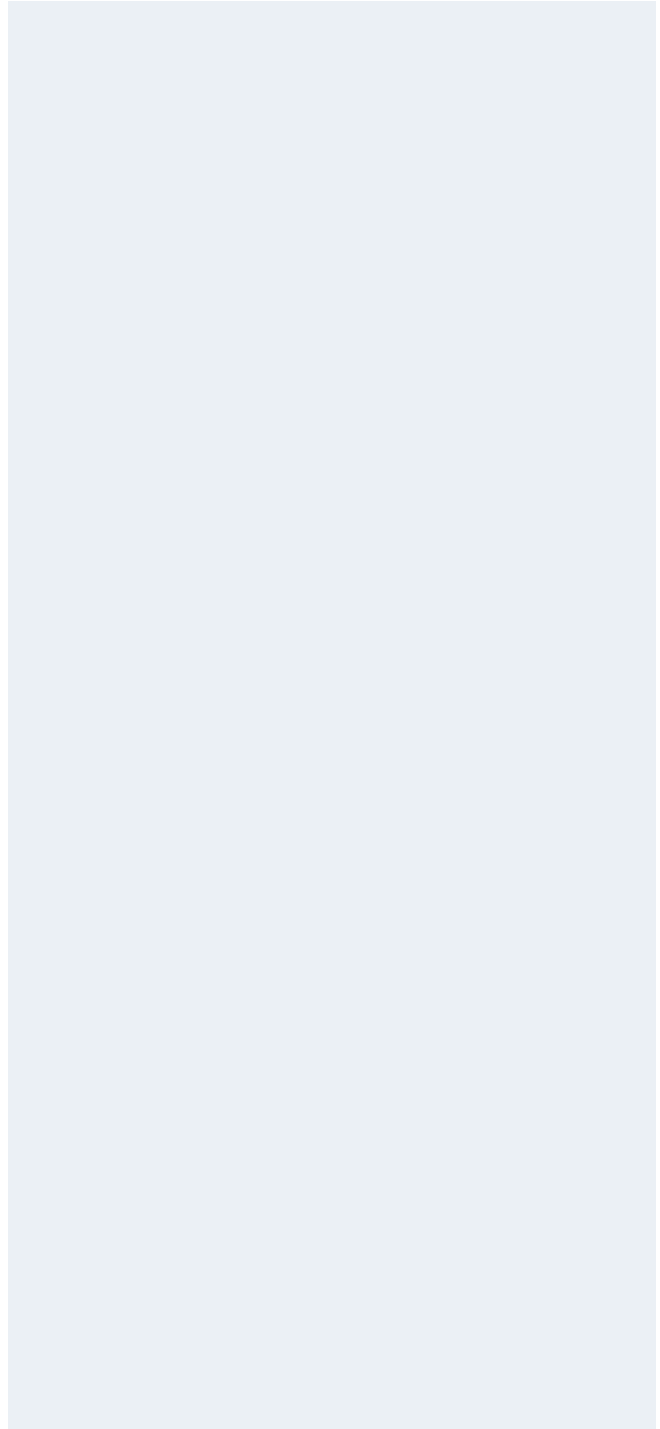
Have you provided for its ongoing care?

Yes No

The plot is located:

The deed to it is kept:

Notes:



03 | 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: _____

Other: _____

Other: _____

Other: _____

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: _____

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:

Name:

Account number:

Name:

Account number:

Name:

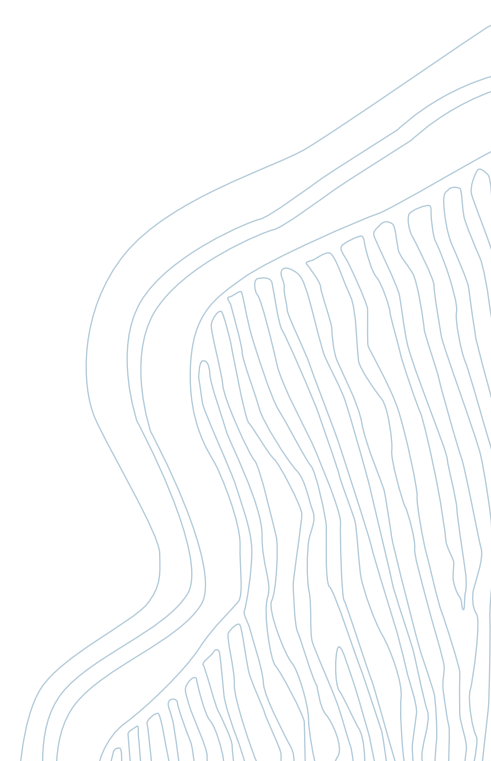
Account number:

Name:

Account number:

Name:

Account number:



04 | 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: _____

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

Creditor: _____
Nature of Obligation: _____

Creditor: _____
Nature of Obligation: _____

Creditor: _____
Nature of Obligation: _____

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: _____

06 | 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): _____

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: _____

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

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:

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

Yes No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary:

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary:

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

Yes No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary:

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: _____

Account #: _____

Carrier name: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Beneficiary: _____

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: _____

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

Yes No

Account #: _____

Carrier name: _____

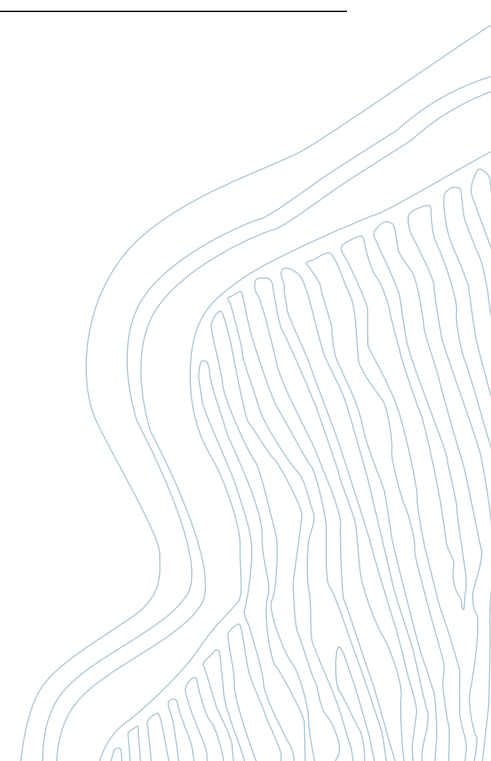
Address line 1: _____

Address line 2: _____

City/town: _____

Beneficiary: _____

Information about this plan is located:



07 | Residence and real estate

Residence and real estate

TYPE OF REAL ESTATE (E.G. HOUSE, CONDO, ETC.)	TITLE IS HELD BY (SELECT ONE)	IS THERE A MORTGAGE?	MORTGAGE IS 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:

Property tax receipts:

Copy of mortgages:

Leases:

Property insurance policies:

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

Land surveys:

Mortgage insurance policy:

08 | Personal property

Vehicles

List all vehicles you own:

Vehicle registrations are located:

Bill of sale and insurance papers are located:

Are household furnishings insured?

Yes No

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

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

Collections/heirlooms/items of special value:

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:

Trust funds

Are you a beneficiary of any trusts?

Yes No

Purpose:

Trustees are:

Trust papers are located:

Amount \$:

Are you a trustee of any trusts?

Yes No

Purpose:

Trust papers are located:

09 | Net worth statement

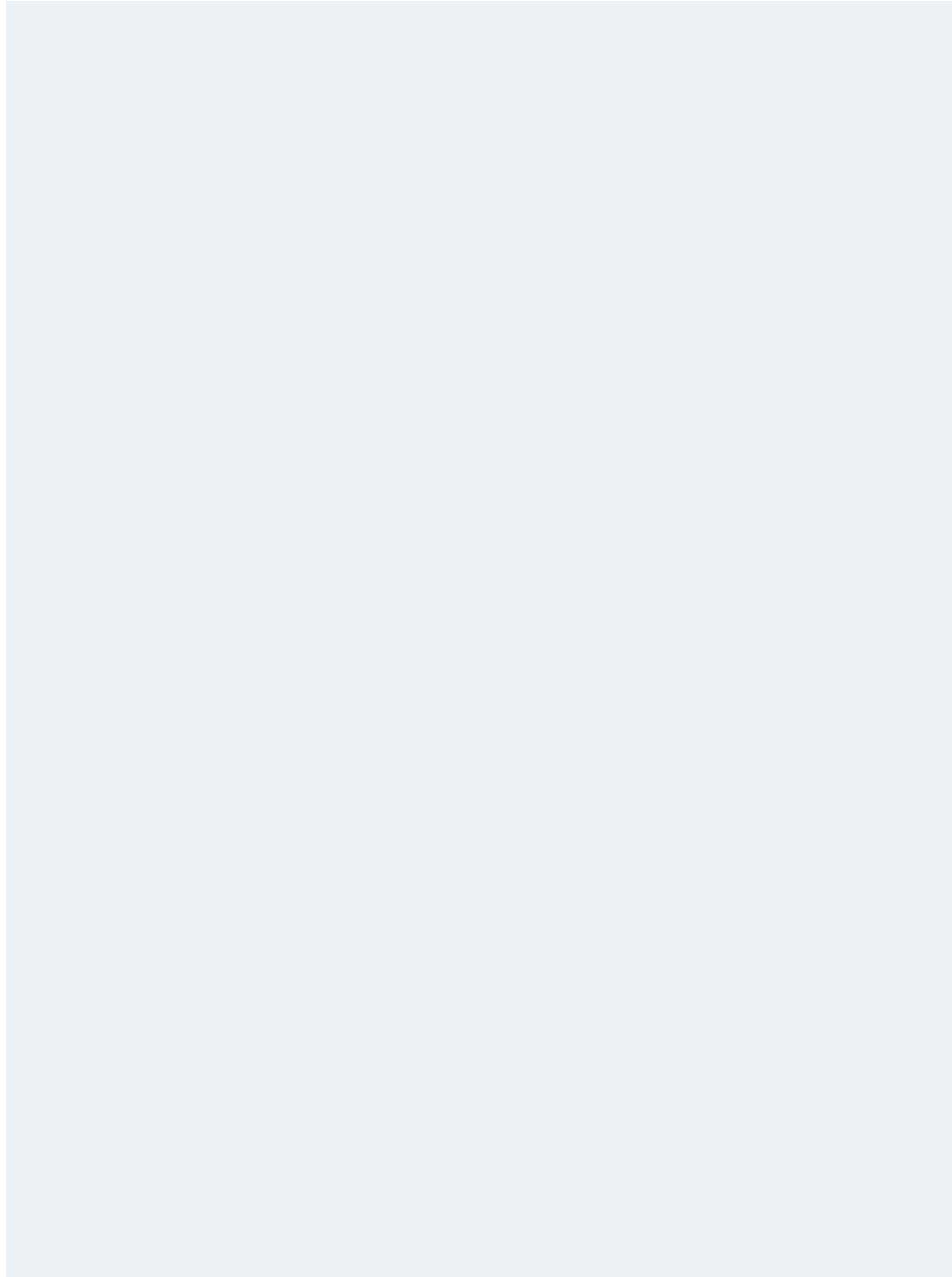
ASSETS	WHAT YOU OWN	CURRENT AMOUNT
Liquid assets	Charge accounts/credit cards	\$
	Chequing/savings/broker accounts	\$
	Canada Savings Bonds	\$
	Term deposits/investment certificates	\$
	Other	\$
Marketable assets	Government/corporate bonds	\$
	Common shares	\$
	Preferred shares	\$
	Mutual funds	\$
	Real estate investments	\$
	Segregated funds/guaranteed investment funds	\$
	Other (business interest, farm, etc.)	\$
		\$
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.)	\$
	TOTAL ASSETS	\$

LIABILITIES	WHAT YOU OWE	CURRENT AMOUNT
Short-term debt	Cash on hand	\$
	Loans/lines of credit	\$
		\$
	Taxes (income/property tax owing)	\$
	Other (life insurance loans, etc.)	\$
Long-term debt	Unpaid bills	\$
	Home mortgage	\$
	Other property mortgage	\$
	Other (line of credit, margin account, etc.)	\$
	TOTAL LIABILITIES	\$

Total assets **minus** total liabilities = **NET WORTH**

\$

Notes:



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