

# Personal Information Record

**(E&OE - Errors and Omissions Excepted - See Disclosure)**

By completing this extensive checklist, you will be focussing on key points and issues as well as assembling information, all of which will assist you in developing an estate and financial plan. It will help clarify your wishes when discussing your needs with your lawyer, tax accountant, financial planner or financial institution. It will also enhance your peace of mind to know your affairs are in order. This checklist should be dated, reviewed and updated annually. Keep a copy in your safety deposit box. Some items may not apply to everyone. Although this checklist highlights many key areas, your advisors can suggest additional issues for you to detail in your specific situation. Ideally, print your responses so that the information is legible to others.

1.	<b>You</b>	<b>Your Spouse</b>
Name (full)	_____	_____
Legal Name (if different)	_____	_____
Address	_____	_____
City/Province	_____	_____
Postal Code	_____	_____
Phone Numbers: residence	_____	_____
work	_____	_____
Fax Numbers: residence	_____	_____
work	_____	_____
E-mail Numbers: residence	_____	_____
work	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Citizenship	_____	_____
Social Insurance Number	_____	_____
Occupation	_____	_____
Employer or Self Employed Name	_____	_____
Business Address	_____	_____

Place of Marriage \_\_\_\_\_

Marital Status \_\_\_\_\_  
(married, common-law, divorced, widowed, single)

Full Name of Father \_\_\_\_\_

Father's Place of Birth \_\_\_\_\_

Full Maiden Name of Mother \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Date Personal Information Record Completed \_\_\_\_\_

Date Personal Information Record Updated \_\_\_\_\_

Date Personal Information Record Updated \_\_\_\_\_

Date Personal Information Record Updated \_\_\_\_\_

2. Children (indicate if by present or previous marriage of you or your spouse, adopted or born in a common-law relationship, and if they are dependent on you).

Name	Date of Birth	Married	Telephone	Dependent On You
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Grandchildren

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Other Dependents

<b>Name</b>	<b>Date of Birth</b>	<b>Telephone</b>	<b>Relationship To You</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you entered into a pre-marriage or other marriage contract with your spouse? If so, outline a summary of the contract's terms. Where are the documents located?

6. If you or your spouse have been previously married, describe any remaining financial obligations (e.g. child support, alimony, etc.)

<b>Obligations</b>	<b>You</b>	<b>Your Spouse</b>
Name of former spouse	_____	_____
Address	_____	_____
City/Province/State	_____	_____
Postal Code/Zip Code	_____	_____
Phone Numbers: residence	_____	_____
work	_____	_____
Social Insurance Number	_____	_____

7. If you or your spouse have any prospective inheritances, detail sources, approximate amounts, and possible dates of receipt.

8. Explain any present or potential special support needs (e.g. for a disabled child, spouse or parent).

9. Location of Documents and Other Information

<b>Item</b>	<b>Location</b>
1) Birth Certificate	_____
2) Marriage Certificate	_____

- 3) Children's Birth Certificates \_\_\_\_\_
- 4) Pre-marriage agreements or marriage contracts \_\_\_\_\_
- 5) Social Insurance Card \_\_\_\_\_
- 6) Maintenance, alimony, or custody orders \_\_\_\_\_
- 7) Husband's latest Will and any codicils \_\_\_\_\_
- 8) Wife's latest Will and any codicils \_\_\_\_\_
- 9) Wills of family members, if pertinent \_\_\_\_\_
- 10) Power of Attorney for financial matters \_\_\_\_\_
- 11) Power of Attorney for personal care proxy \_\_\_\_\_
- 12) Advance medical directive \_\_\_\_\_
- 13) Living Will \_\_\_\_\_
- 14) Organ donation records \_\_\_\_\_
- 15) Passports \_\_\_\_\_
- 16) Citizenship papers \_\_\_\_\_
- 17) Cemetery or mausoleum deeds \_\_\_\_\_
- 18) Directions regarding pre-paid funeral arrangement \_\_\_\_\_
- 19) Divorce decrees or separation \_\_\_\_\_
- 20) List of heirs \_\_\_\_\_
- 21) Medical Records \_\_\_\_\_
- 22) War Veteran records \_\_\_\_\_
- 23) Insurance Policies \_\_\_\_\_
  - Life \_\_\_\_\_
  - Disability \_\_\_\_\_
  - Property \_\_\_\_\_
  - Automobile \_\_\_\_\_
  - Home \_\_\_\_\_
  - Other \_\_\_\_\_
- 24) Stocks \_\_\_\_\_
- 25) Bonds (corporate) \_\_\_\_\_
- 26) Bonds (government) \_\_\_\_\_
- 27) Mutual funds \_\_\_\_\_
- 28) Term deposits \_\_\_\_\_
- 29) Investment certificates \_\_\_\_\_
- 30) Notes or mortgages receivable \_\_\_\_\_
- 31) Tax shelter investments \_\_\_\_\_
- 32) Annuities \_\_\_\_\_
- 33) Precious metals (gold, silver, etc.) \_\_\_\_\_
- 34) Real estate documents/deeds \_\_\_\_\_
- 35) Leases \_\_\_\_\_
- 36) Inventory of assets of estate \_\_\_\_\_
- 37) Appraisals \_\_\_\_\_
- 38) Bank books \_\_\_\_\_
- 39) Financial records \_\_\_\_\_

- 40) Income tax returns (personal) \_\_\_\_\_
- 41) Income tax returns (business) \_\_\_\_\_
- 42) Valuation day documents \_\_\_\_\_
- 43) If you own a business,  
balance sheets and profit/loss  
statements for last five years \_\_\_\_\_
- 44) Business agreements \_\_\_\_\_
- 45) Business records \_\_\_\_\_
- 46) Employment contracts \_\_\_\_\_
- 47) Employee benefit plan  
documents \_\_\_\_\_
- 48) Buy-sell agreements if a  
shareholder in a business \_\_\_\_\_
- 49) Partnership or shareholder  
agreements if in a business \_\_\_\_\_
- 50) Trust agreements \_\_\_\_\_
- 51) Promissory notes \_\_\_\_\_
- 52) Loan documents \_\_\_\_\_
- 53) Automobile ownership  
documents \_\_\_\_\_
- 54) RRSP/RRIF records \_\_\_\_\_
- 55) Pension Plan documentation  
(Government and/or employer) \_\_\_\_\_
- 56) Bank account records \_\_\_\_\_
- 57) Credit card/charge account records \_\_\_\_\_
- 58) Safety deposit box \_\_\_\_\_
- 59) Miscellaneous documents \_\_\_\_\_
- 60) Other \_\_\_\_\_

10. Professionals or Advisors

<i>Lawyer</i>	Name	_____
	Address	_____
	Phone	_____
<i>Accountant</i>	Name	_____
	Address	_____
	Phone	_____
<i>Family Doctor</i>	Name	_____
	Address	_____
	Phone	_____
<i>Dentist</i>	Name	_____
	Address	_____
	Phone	_____
<i>Financial Planner</i>	Name	_____
	Address	_____
	Phone	_____

<i>Insurance Agent</i>	Name	_____
	Address	_____
	Phone	_____
<i>Trust Company</i>	Name	_____
	Address	_____
	Phone	_____
<i>Banker</i>	Name	_____
	Address	_____
	Phone	_____
<i>Investment Dealer</i>	Name	_____
	Address	_____
	Phone	_____
<i>Funeral Home</i>	Name	_____
	Address	_____
	Phone	_____
<i>Clergy (Minister, Priest, Rabbi, etc.)</i>	Name	_____
	Address	_____
	Phone	_____
<i>Other</i>	Name	_____
	Address	_____
	Phone	_____

11. Banking Information

1) Bank Accounts (trust company or Credit Union)

Bank	Type and # of Account	Balance in Account		
		You	Your Spouse	Joint
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2) Term Deposits

Bank	Terms	Balance in Account		
		You	Your Spouse	Joint
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3) Bank Loans

Bank	Use of Funds	Terms: payments, interest rate, due date	Security	Balance Owning by		
				You \$	Your Spouse \$	Joint \$

4) Loan Guarantees

Provides details of any guarantees you or your spouse have issued for the debts of other people or companies.

Nature of Debt	Relationship to debtor	Degree of Risk	Amount of guarantee \$	Person who signed guarantee		
				You \$	Your Spouse \$	Joint \$

12. Real Estate

**Property #1**

Date Acquired \_\_\_\_\_

Address \_\_\_\_\_

Registered Owner(s) \_\_\_\_\_

Joint Tenants or Tenants in Common \_\_\_\_\_

Principal Residence Yes \_\_\_\_\_ No \_\_\_\_\_

Vacation Property Yes \_\_\_\_\_ No \_\_\_\_\_

Rental Property Yes \_\_\_\_\_ No \_\_\_\_\_

Date purchased: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Amount of Coverage

Original Cost \$ \_\_\_\_\_

Cost of additions \_\_\_\_\_

\$ \_\_\_\_\_

Current value \$ \_\_\_\_\_

Less mortgages \$ \_\_\_\_\_

Equity \$ \_\_\_\_\_

Has the property been appraised?

When: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Terms of Mortgage Monthly payments: \$ \_\_\_\_\_

Length of mortgage term: \_\_\_\_\_

Location of Deed (if applicable) \_\_\_\_\_

**Property #2**

Date Acquired \_\_\_\_\_

Address \_\_\_\_\_

Registered Owner(s) \_\_\_\_\_

Joint Tenants or Tenants  
in Common \_\_\_\_\_

Principal Residence Yes \_\_\_\_\_ No \_\_\_\_\_

Vacation Property Yes \_\_\_\_\_ No \_\_\_\_\_

Rental Property Yes \_\_\_\_\_ No \_\_\_\_\_

Date purchased: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Amount of Coverage

Original Cost \$ \_\_\_\_\_

Cost of additions \_\_\_\_\_

\$ \_\_\_\_\_

Current value \$ \_\_\_\_\_  
Less mortgages \$ \_\_\_\_\_  
Equity \$ \_\_\_\_\_

Has the property been appraised?

When: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Terms of Mortgage Monthly payments: \$ \_\_\_\_\_

Length of mortgage term: \_\_\_\_\_

Location of Deed (if applicable) \_\_\_\_\_

**Property #3**

Date Acquired \_\_\_\_\_

Address \_\_\_\_\_

Registered Owner(s) \_\_\_\_\_

Joint Tenants or Tenants  
in Common \_\_\_\_\_

Principal Residence Yes \_\_\_\_\_ No \_\_\_\_\_  
Vacation Property Yes \_\_\_\_\_ No \_\_\_\_\_  
Rental Property Yes \_\_\_\_\_ No \_\_\_\_\_

Date purchased: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Amount of Coverage

Original Cost \$ \_\_\_\_\_

Cost of additions \_\_\_\_\_

\$ \_\_\_\_\_

Current value \$ \_\_\_\_\_

Less mortgages \$ \_\_\_\_\_

Equity \$ \_\_\_\_\_

Has the property been appraised?

When: \_\_\_\_\_





	<b>Business</b>		
	<b>1</b>	<b>2</b>	<b>3</b>
Name of business	_____	_____	_____
Nature of business	_____	_____	_____
Address of business	_____	_____	_____
Your % equity interest in business	_____	_____	_____
Approximate fair market value of your business interest	_____	_____	_____
Business structure (proprietorship, partnership or corporation)	_____	_____	_____
If a partnership or corporation, is there a:			
a) Partnership agreement/ Shareholders agreement?	_____	_____	_____
b) Buy-Sell agreement?	_____	_____	_____
Names of partners and directors and phone numbers	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Location of business records	_____	_____	_____
Name of business lawyer and phone numbers	_____	_____	_____
Name of business accountant and phone numbers	_____	_____	_____

2. Where Your Spouse is the Investor

	<b>Business</b>		
	<b>1</b>	<b>2</b>	<b>3</b>
Name of business	_____	_____	_____
Nature of business	_____	_____	_____
Address of business	_____	_____	_____
Your % equity interest in business	_____	_____	_____
Approximate fair market value of your business interest	_____	_____	_____
Business structure (proprietorship, partnership or corporation)	_____	_____	_____
If a partnership or corporation, is there a:			
a) Partnership agreement/ Shareholders agreement?	_____	_____	_____
b) Buy-Sell agreement?	_____	_____	_____
Names of partners and directors and phone numbers	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	_____	_____	_____
Location of business records	_____	_____	_____
Name of business lawyer and phone numbers	_____	_____	_____
Name of business accountant and phone numbers	_____	_____	_____

17. Insurance

1. Life Insurance Coverage

**Policies where you  
are the insured**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>Total</b>
Company	_____	_____	_____	
Face Value	\$ _____	\$ _____	\$ _____	\$ _____
Date of Policy	_____	_____	_____	
Type of Policy	_____	_____	_____	
Cash surrender value (if applicable)	\$ _____	\$ _____	\$ _____	\$ _____
Policy number	_____	_____	_____	
Loan balances (if any)	\$ _____	\$ _____	\$ _____	\$ _____
Premium (Annual)	_____	_____	_____	
Beneficiary	_____	_____	_____	
Location of policies	_____	_____	_____	

**Policies where your  
spouse is the insured**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>Total</b>
Company	_____	_____	_____	
Face Value	\$ _____	\$ _____	\$ _____	\$ _____
Date of Policy	_____	_____	_____	
Type of Policy	_____	_____	_____	
Cash surrender value (if applicable)	\$ _____	\$ _____	\$ _____	\$ _____
Policy number	_____	_____	_____	
Loan balances (if any)	\$ _____	\$ _____	\$ _____	\$ _____
Premium (Annual)	_____	_____	_____	
Beneficiary	_____	_____	_____	
Location of policies	_____	_____	_____	

2. Disability Insurance Coverage (Private or Group)

Company	Policy #	Annual Payment		Length of Coverage	Other Terms
		You \$	Your Spouse \$		
1.					

2.					
3.					
TOTAL		\$	\$		

Location of policies: \_\_\_\_\_  
 \_\_\_\_\_

3. Personal Property Insurance

Company	Policy #	Type of Coverage	Property Coverage	Amount of Coverage \$
1.				
2.				
3.				
TOTAL				\$

Location of policies: \_\_\_\_\_  
 \_\_\_\_\_

4. Automobile Insurance Coverage

Company	Policy #	Amount of Coverage \$
1.		
2.		
3.		

5. When did you and your spouse last review and, if necessary, update your insurance coverage?

Type	Date	You	Your Spouse
Life	_____	_____	_____
Disability	_____	_____	_____
Personal property	_____	_____	_____
Other	_____	_____	_____

18. Funeral Information

Funeral home to be (church or funeral home) \_\_\_\_\_  
 Funeral services to be held in \_\_\_\_\_  
 If church, please provide name \_\_\_\_\_  
 Name of clergy requested \_\_\_\_\_  
 It is my wish my body be (buried or cremated) \_\_\_\_\_  
 If burial, name cemetery and location \_\_\_\_\_

I have pre-paid for and have title to the cemetery plot or mausoleum Yes\_\_ No\_\_  
Location of deed (if applicable) \_\_\_\_\_

If cremation, disposition of cremains (interred in cemetery, given to relative or scattered) \_\_\_\_\_

I have or have not made pre-arrangements regarding my funeral with a funeral home Yes\_\_ No\_\_

If the answer to above is yes, list funeral home address and phone number \_\_\_\_\_

I have pre-paid for the funeral Yes\_\_ No\_\_

I wish to have a memorial service Yes\_\_ No\_\_

Location of memorial service \_\_\_\_\_

I wish the following hymns or music at my funeral \_\_\_\_\_

I wish the following readings to be read at my funeral \_\_\_\_\_

Active pallbearers to be (if applicable) \_\_\_\_\_

Honorary pallbearers to be (if applicable) \_\_\_\_\_

I prefer - a casket Yes\_\_ No\_\_

- urn Yes\_\_ No\_\_

- monument or marker Yes\_\_ No\_\_

- organ/body donation Yes\_\_ No\_\_

I wish to be remembered in the following ways

Visitation period Yes\_\_ No\_\_

Flowers Yes\_\_ No\_\_

Donations to Charities Yes\_\_ No\_\_

Any preferences with regards to participants Yes\_\_ No\_\_

Details of the above \_\_\_\_\_

Special Instructions \_\_\_\_\_

If I should die outside Canada, my wishes are \_\_\_\_\_

Other instructions/wishes \_\_\_\_\_