



# Your personal records organizer



ESTATE PLANNING SOLUTIONS

**Organize important information about your personal and financial affairs in one handy location with this record organizer.**

You'll find it easy to update once a year. It will also help your survivors quickly access important documents necessary to handle your personal affairs after your death. Keep this records organizer in a secure safe place with your other important papers. Let your family know where it's kept.

If you include information here about a living will or organ donation, tell your family you've made these arrangements. You'll probably also keep information about this in your purse or wallet.

**Please note:** In Quebec, executors are known as liquidators. Therefore references to executors in this brochure include liquidators in Quebec. Also, in Quebec, some estate planning duties may be performed by either lawyers or notaries, with certain duties being more typically performed by notaries.

# Your personal records

## Next of kin

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## Others to be notified

### Executor

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Advisor

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Employer/business partner(s)

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Lawyer

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Accountant

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Doctor

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Dentist

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Bank or credit union

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Stockbroker

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Trust officer

**Name** \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_



## Your will

Do you have a will? ☐ Yes ☐ No

The original is located \_\_\_\_\_

A copy is located \_\_\_\_\_

The will was dated/last updated \_\_\_\_\_

## Living will / power of attorney for personal care

Do you have a living will or power of attorney for personal care (if allowed in your province)? ☐ Yes ☐ No

Living will/ power of attorney for personal care is kept \_\_\_\_\_

## Power of attorney for property

Do you have a power of attorney for property? ☐ Yes ☐ No

Who \_\_\_\_\_

Arrangements are made through \_\_\_\_\_

The original is located \_\_\_\_\_

A copy is located \_\_\_\_\_

## Organ donation

Do you want to donate your organs or body for transplant, medical research or education? ☐ Yes ☐ No

If yes, have you explained this in your:

☐ Will? ☐ Organ donor card? ☐ Driver's license?

## Funeral arrangements

Have you made funeral arrangements? ☐ Yes ☐ No

Funeral home and address \_\_\_\_\_

Telephone \_\_\_\_\_

Have you set out instructions for burial/cremation or funeral? ☐ Yes ☐ No

Are these instructions in your will? ☐ Yes ☐ No

In a letter? ☐ Yes ☐ No

Instructions 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 \_\_\_\_\_

## Personal information

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Birth certificate is located \_\_\_\_\_

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

Citizenship papers ☐ Yes ☐ No They are located \_\_\_\_\_

Passport ☐ Yes ☐ No It is located \_\_\_\_\_

Driver's license ☐ Yes ☐ No It is located \_\_\_\_\_

Marriage certificate ☐ Yes ☐ No It is located \_\_\_\_\_

Divorce papers ☐ Yes ☐ No They are located \_\_\_\_\_

Military service ☐ Yes ☐ No

Discharge papers are located \_\_\_\_\_

Country served \_\_\_\_\_

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

## Previous employers

Put the current or most recent employer first.

**Employer** \_\_\_\_\_

Years \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Employer** \_\_\_\_\_

Years \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Employer** \_\_\_\_\_

Years \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Employer** \_\_\_\_\_

Years \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Employer** \_\_\_\_\_

Years \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

## Bank accounts

List all your accounts, so your executor or family can find the money in them.

**Bank/credit union** \_\_\_\_\_

Branch \_\_\_\_\_

Account # \_\_\_\_\_ Type \_\_\_\_\_

**Bank/credit union** \_\_\_\_\_

Branch \_\_\_\_\_

Account # \_\_\_\_\_ Type \_\_\_\_\_

**Bank/credit union** \_\_\_\_\_

Branch \_\_\_\_\_

Account # \_\_\_\_\_ Type \_\_\_\_\_

**Bank/credit union** \_\_\_\_\_

Branch \_\_\_\_\_

Account # \_\_\_\_\_ Type \_\_\_\_\_

**Bank/credit union** \_\_\_\_\_

Branch \_\_\_\_\_

Account # \_\_\_\_\_ Type \_\_\_\_\_

## Financial commitments

### Rent or mortgage payments

Amount \$ \_\_\_\_\_

Due date \_\_\_\_\_

Lender \_\_\_\_\_

Address \_\_\_\_\_

### Outstanding loans

Amount \$ \_\_\_\_\_

Due date \_\_\_\_\_

Lender \_\_\_\_\_

Address \_\_\_\_\_

Amount \$ \_\_\_\_\_

Due date \_\_\_\_\_

Lender \_\_\_\_\_

Address \_\_\_\_\_

### **Bills paid through automatic payment plan**

Amount \$ \_\_\_\_\_ Account number \_\_\_\_\_

Due date \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Amount \$ \_\_\_\_\_ Account number \_\_\_\_\_

Due date \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Amount \$ \_\_\_\_\_ Account number \_\_\_\_\_

Due date \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Amount \$ \_\_\_\_\_ Account number \_\_\_\_\_

Due date \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

### **Other financial obligations or commitments**

For \_\_\_\_\_ Located \_\_\_\_\_

For \_\_\_\_\_ Located \_\_\_\_\_

### **Life insurance**

#### **Policies you own on your life**

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_





**Policies you own on others**

Company \_\_\_\_\_ Policy number \_\_\_\_\_

Name of insured \_\_\_\_\_ Policy is located \_\_\_\_\_

Company \_\_\_\_\_ Policy number \_\_\_\_\_

Name of insured \_\_\_\_\_ Policy is located \_\_\_\_\_

**Policies others own on your life**

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

**Group or association life insurance**

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

## Critical illness insurance

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

## Disability insurance

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

## Hospital and medical insurance

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Policy is located \_\_\_\_\_

## Investments

### Pension plans, registered plans

Are you a member of a registered pension plan? ☐ Yes ☐ No

Carrier name and address \_\_\_\_\_

Information about this plan is located \_\_\_\_\_

Do you have a registered retirement savings plan (RRSP)? ☐ Yes ☐ No \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Information about this plan is located \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Information about this plan is located \_\_\_\_\_

Carrier name and address \_\_\_\_\_

Information about this plan is located \_\_\_\_\_

Are you a member of a deferred profit sharing plan? ☐ Yes ☐ No

Carrier name and address \_\_\_\_\_

Information about this plan is located \_\_\_\_\_

### Segregated funds, mutual funds, registered education savings plans (RESPs)

**Do you have investment funds or RESPs?** ☐ Yes ☐ No

#### Fund A

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

Carrier name and address \_\_\_\_\_

Do you invest regularly using automatic withdrawals? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it taken from? \_\_\_\_\_

Do you receive income? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Information about these investments is located \_\_\_\_\_



**Fund B**

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

Carrier name and address \_\_\_\_\_

Do you invest regularly using automatic withdrawals? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it taken from? \_\_\_\_\_

Do you receive income? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Information about these investments is located \_\_\_\_\_

**Fund C**

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

Carrier name and address \_\_\_\_\_

Do you invest regularly using automatic withdrawals? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it taken from? \_\_\_\_\_

Do you receive income? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Information about these investments is located \_\_\_\_\_

**Tax free savings accounts (TFSAs)**

**Do you have any TFSAs?** ☐ Yes ☐ No

**Account A**

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

Carrier name and address \_\_\_\_\_

Do you invest regularly? ☐ Yes ☐ No

Where is it deposited? \_\_\_\_\_

Information about this account is located \_\_\_\_\_

**Account B**

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

Carrier name and address \_\_\_\_\_

Do you invest regularly? ☐ Yes ☐ No

Where is it deposited? \_\_\_\_\_

Information about this account is located \_\_\_\_\_

## Registered retirement income funds (RRIFs), annuity contracts

Do you have any RRIFs or annuities?

☐ Yes ☐ No

### Fund A

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

Carrier name and address \_\_\_\_\_

Do you receive income? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Information about these investments is located \_\_\_\_\_

### Fund B

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

Carrier name and address \_\_\_\_\_

Do you receive income? ☐ Yes ☐ No

How often? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

Information about these investments is located \_\_\_\_\_

## Bonds and government investments

Do you have any government bonds? ☐ Yes ☐ No

Type of bond \_\_\_\_\_

Bearer \_\_\_\_\_

Registered in your name ☐ Yes ☐ No

Co-registered with \_\_\_\_\_

Serial numbers \_\_\_\_\_

The bonds are located \_\_\_\_\_

## Securities

Do you own any stocks or bonds? ☐ Yes ☐ No

Information about them is located \_\_\_\_\_

Did you acquire any of them by gift or inheritance? ☐ Yes ☐ No

Are any of your securities pledged for loans? ☐ Yes ☐ No

Financial institution \_\_\_\_\_

## Residence and real estate

Type of real estate (house, condo, vacation home, 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	

### Where are the following located?

Deeds \_\_\_\_\_

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

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

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

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

Leases \_\_\_\_\_

Building cost figures \_\_\_\_\_

## Personal property

List all vehicles you own \_\_\_\_\_

Vehicle registrations are located \_\_\_\_\_

Bill of sale and insurance papers are located \_\_\_\_\_

Jewelry, stamp collections, coin collections, etc. are located \_\_\_\_\_

Are household furnishings insured? ☐ Yes ☐ No

Bill of sale, an inventory of and insurance policies for household furnishings are located: \_\_\_\_\_

## Debtors and creditors

### People who owe you money

Name \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

### People to whom you owe money, other than previously listed

Name \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Loan agreements or promissory notes are located \_\_\_\_\_

### Safe deposit box

Do you have a safe deposit box? ☐ Yes ☐ No

Location \_\_\_\_\_

Names of others who have access to it \_\_\_\_\_

Location of the keys \_\_\_\_\_ List of contents is kept \_\_\_\_\_

### Charitable gifts

For \_\_\_\_\_

Address \_\_\_\_\_

For \_\_\_\_\_

Address \_\_\_\_\_

### Contractual obligations

For \_\_\_\_\_

Located \_\_\_\_\_

For \_\_\_\_\_

Located \_\_\_\_\_

For \_\_\_\_\_

Located \_\_\_\_\_

### Trust funds

Have you created any trusts? ☐ Yes ☐ No

Purpose \_\_\_\_\_

Trust agreement was drawn up by \_\_\_\_\_

Trust papers are located \_\_\_\_\_

### Income tax

Tax advisor's name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Your tax data and supporting data are located \_\_\_\_\_

## Memberships

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

## Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



The Canada Life Assurance Company, a subsidiary of The Great-West Life Assurance Company and a member of the Power Financial Corporation group of companies, provides insurance and wealth management products and services. Founded in 1847, Canada Life is the country's first domestic life insurance company.

Canada Life has received superior ratings on our claims paying ability and financial strength from the major rating agencies.\*

For more information on Canada Life and its products visit [www.canadalife.com](http://www.canadalife.com) or talk to your advisor.

\*As rated by A.M. Best Company, Dominion Bond Rating Service, Fitch Ratings, Moody's Investor Service and Standard & Poor's Corporation at time of publication.

\*In Quebec, advisor refers to a financial security advisor for individual insurance and segregated fund policies; and to an advisor in group insurance/annuity plans for group products.

**Helping people achieve more™**