



WILL PLANNING DATA SHEET

PLEASE BRING THIS COMPLETED DOCUMENT WITH YOU TO YOUR INITIAL APPOINTMENT.

PART I - PERSONAL DETAILS

FULL NAME:		ALSO KNOWN AS:	
ADDRESS:		CITY AND POSTAL CODE:	
MARITAL STATUS:	RESIDENTIAL PHONE NUMBER:	BUSINESS PHONE NUMBER:	CELL PHONE NUMBER:
E-MAIL:		S.I. N. NUMBER:	
OCCUPATION:		DATE AND PLACE OF BIRTH:	
CITIZENSHIP:		RESIDENCE FOR INCOME TAX PURPOSES:	

Spouse (if applicable):

FULL NAME:		ALSO KNOWN AS:	
ADDRESS (if different from above):		CITY AND POSTAL CODE:	
MARITAL STATUS:	RESIDENTIAL PHONE NUMBER:	BUSINESS PHONE NUMBER:	CELL PHONE NUMBER:
E-MAIL:		S.I. N. NUMBER:	
OCCUPATION:		DATE AND PLACE OF BIRTH:	
CITIZENSHIP:		DATE OF MARRIAGE:	

Children:

1. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	
CHILDREN AND AGES:		



2. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:

3. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:

4. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:

Please indicate if any children are stepchildren or if any children are from a previous marriage:

1. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:



2. FULL NAME:		DATE OF BIRTH:
ADDRESS (if not residing with you):		CITY AND POSTAL CODE:
MARITAL STATUS:	NAME OF SPOUSE:	

CHILDREN AND AGES:

ARE ANY OF YOUR CHILDREN OR DEPENDANTS DISABLED? IF SO, PLEASE GIVE DETAILS:

Other dependents:

DO YOU HAVE ANY LEGAL OBLIGATION TO SUPPORT ANOTHER PERSON IN ADDITION TO YOUR SPOUSE AND CHILDREN, OR HAVE YOU BEEN PROVIDING ACTUAL SUPPORT TO ANYONE OTHER THAN YOUR SPOUSE AND CHILDREN? IF SO, PLEASE GIVE THE DETAILS:

ARE THERE ANY SPECIAL CONSIDERATION RELATING TO ANY OF THE CHILDREN OR OTHER BENEFICIARIES WHICH YOU CONSIDER TO BE WORTH NOTING IN YOUR WILL?



General:

NAME OF ACCOUNTANT:	TELEPHONE NUMBER:
ADDRESS:	
NAME OF FINANCIAL ADVISOR:	TELEPHONE NUMBER:
ADDRESS:	

Domestic contracts and court orders:

HAVE YOU OR YOUR SPOUSE BEEN PREVIOUSLY MARRIED?

IS YOUR SPOUSE DECEASED? IF SO, PLEASE PROVIDE DATE OF DEATH:

HAVE YOU OR YOUR SPOUSE EVER SIGNED A SEPARATION AGREEMENT, MARRIAGE CONTRACT, OR BEEN INVOLVED IN A COURT PROCEEDING WHICH MIGHT HAVE AN IMPACT ON YOUR ESTATE? IF SO, PLEASE PROVIDE DETAILS AND PROVIDE US WITH A COPY.

DIVORCE (IF ANY):

DATE:	PLACE:
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DETAILS:

ANY OTHER CHILDREN / BENEFICIARIES?

FULL NAMES:

ADDRESS:

RELATIONSHIP:



PART II - FINANCIAL DETAILS OF YOUR ESTATE:

A. REAL ESTATE:

DO YOU OWN A HOUSE? IF SO, PLEASE PROVIDE THE FOLLOWING DETAILS:

ADDRESS:

APPROXIMATE VALUE:	ORIGINAL MORTGAGE AMOUNT (IF ANY):	PRESENT MORTGAGE AMOUNT OWING (IF ANY):
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REGISTERED IN THE NAME OF:	IN THE CASE OF MORE THAN ONE OWNER, THE PROPERTY OWNED AS:
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OTHER PROPERTIES:

ADDRESS:

PURCHASE PRICE:	APPROXIMATE VALUE:	PRESENT MORTGAGE AMOUNT OWING (IF ANY):
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DATE OF ACQUISITION:	REGISTERED IN THE NAME OF:
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AUTOMOBILES OR BOATS:	APPROXIMATE VALUE:
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DATE OF ACQUISITION:	REGISTERED IN THE NAME OF:
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B. BUSINESS INTEREST:

NAME:

ADDRESS:

TYPE OF BUSINESS:

ARE YOU A PARTY TO ANY PARTNERSHIP AGREEMENTS OR UNANIMOUS SHAREHOLDERS' AGREEMENTS (IF SO, PLEASE PROVIDE US WITH A COPY)?

DO YOU OWN SHARES IN A PRIVATE ONTARIO CORPORATION? IF SO, PLEASE PROVIDE:

BUSINESS NAME:

BUSINESS NUMBER:

NUMBER OF SHARES:

COMMON:	SPECIAL:
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C. LIFE INSURANCE:

GROUP INSURANCE:

NAME OF COMPANY:

FACE VALUE:

BENEFICIARY:

POLICY NUMBER:

NAME OF COMPANY:

FACE VALUE:

BENEFICIARY:

POLICY NUMBER:

PERSONAL INSURANCE:

NAME OF COMPANY:

FACE VALUE:

BENEFICIARY:

POLICY NUMBER:

NAME OF COMPANY:

FACE VALUE:

BENEFICIARY:

POLICY NUMBER:

D. R.R.S.P.'s, R.I.F.'s AND ANNUITIES:

NAME OF OWNER:

APPROXIMATE CURRENT VALUE:

BENEFICIARY:

PLAN NUMBER:

NAME OF OWNER:

APPROXIMATE CURRENT VALUE:

BENEFICIARY:

TRUSTEE AND PLAN NUMBER:

NAME OF OWNER:

APPROXIMATE CURRENT VALUE:

BENEFICIARY:

TRUSTEE AND PLAN NUMBER:

E. T.F.S.A.'s:

NAME OF OWNER:

APPROXIMATE CURRENT VALUE:

BENEFICIARY:

TRUSTEE AND PLAN NUMBER:

NAME OF OWNER:

APPROXIMATE CURRENT VALUE:

BENEFICIARY:

TRUSTEE AND PLAN NUMBER:



F. PENSION PLANS:

DO YOU HAVE ANY THROUGH YOUR EMPLOYMENT:

SELF:

SPOUSE:

IF SO, WHO IS THE BENEFICIARY:

G. STOCKS, BONDS AND OTHER SECURITIES:

PLEASE PROVIDE A CURRENT LIST OF YOUR STOCK PORTFOLIO OR OTHER SECURITIES:
(YOU MAY WISH TO ATTACH A SEPARATE PAGE, E.G. STATEMENT FROM BROKER)

H. BANK ACCOUNTS, G.I.C.'S AND OTHER INVESTMENTS:

PLEASE PROVIDE A CURRENT LIST OF YOUR ACCOUNTS AND OTHER INVESTMENTS:

PLEASE INDICATE IF ANY ITEMS IN G. OR H. ABOVE ARE HELD IN THE NAMES OF YOURSELF AND ANY OTHER PERSON. IF SO, PLEASE PROVIDE THE NAME(S). DO YOU INTEND THAT THEY BE THE SOLE OWNER OF THESE ASSETS UPON YOUR DEATH?



I. DEBTS AND LIABILITIES:

PLEASE PROVIDE ALL DETAILS OF MONIES THAT YOU OWE TO A THIRD PERSON (IF ANY):

J. MISCELLANEOUS

DO YOU HAVE A PREVIOUS WILL?

DOES YOUR SPOUSE HAVE A WILL?

ARE YOU AN EXECUTOR / TRUSTEE FOR SOMEONE ELSE? IF SO, PLEASE PROVIDE DETAILS:

ARE YOU PRESENTLY RECEIVING BENEFITS FROM AN ESTATE OR TRUST? IF SO, PLEASE GIVE PARTICULARS:

HAVE YOU SET UP A TRUST TO BENEFIT ANOTHER PERSON? IF SO, PLEASE GIVE PARTICULARS:



PART III - WILL PLAN

A. ESTATE TRUSTEE (EXECUTOR):

WHAT PERSON OR PERSONS WOULD YOU LIKE TO ACT AS THE ESTATE TRUSTEE OF YOUR ESTATE:
(IF OTHER, PLEASE GIVE DETAILS:)

NAME:

ADDRESS:

NAME:

ADDRESS:

NAME:

ADDRESS:

IF YOU HAVE CHOSEN YOUR SPOUSE, AND YOUR SPOUSE PREDECEASES OR IS UNABLE TO ACT, WHO WOULD BE YOUR ALTERNATE CHOICE:

FOR MY WILL:

NAME:

ADDRESS:

NAME:

ADDRESS:

NAME:

ADDRESS:

(PLEASE NOTE THAT A SPOUSE MAY DISPOSE OF HIS/HER ESTATE SEPARATELY FROM HIS/HER SPOUSE)

FOR SPOUSES WILL (if different):

NAME:

ADDRESS:

NAME:

ADDRESS:

NAME:

ADDRESS:



B. DETAILS OF WILL:

PLEASE ADVISE US OF THE GENERAL SCHEME OF DISTRIBUTION OF YOUR ESTATE. IN PARTICULAR, WHAT PORTION OF YOUR ESTATE IS TO GO TO WHOM? PLEASE ADVISE US OF SECONDARY BENEFICIARY IN THE EVENT THE PRIMARY BENEFICIARY PREDECEASES. IF YOUR CHILDREN ARE UNDER EIGHTEEN, PLEASE ADVISE US OF THE AGE AT WHICH YOU WOULD WISH THEM TO TAKE CONTROL OF THEIR INHERITANCE. IN MANY CASES, PEOPLE LEAVE THEIR ENTIRE ESTATE TO THEIR SPOUSE, AND THEN TO THEIR CHILDREN. IF THIS IS YOUR INTENTION, PLEASE INDICATE BY CHECKING OFF:

IF NOT, PLEASE OUTLINE THE DISTRIBUTION SCHEME WHICH YOU PREFER:

C. GUARDIAN:

IF YOU HAVE INFANT CHILDREN AND YOU AND YOUR SPOUSE ARE NOT AVAILABLE, TO WHOM WOULD YOU LIKE TO GIVE CUSTODY OF YOUR CHILDREN:

NAME:

ADDRESS:

NAME:

ADDRESS:

D. POWERS OF ESTATE TRUSTEE (EXECUTOR):

DO YOU WANT ANY RESTRICTIONS ON THE POWERS OF YOUR EXECUTOR:

IF YES, PLEASE INDICATE THE RESTRICTIONS:

E. SPECIAL PROVISIONS:

DO YOU WISH TO INCLUDE IN YOUR WILL ANY SPECIAL PROVISIONS RELATING TO FUNERAL ARRANGEMENTS, ORGAN DONATIONS, MEDICAL USE OF YOUR BODY, ETC.? IF SO, PLEASE ADVISE:



PART IV - POWERS OF ATTORNEY

(UNDER THE ONTARIO SUBSTITUTE DECISIONS ACT, POWERS OF ATTORNEY HAVE BECOME INCREASINGLY IMPORTANT. UNLIKE A WILL, YOUR POWER OF ATTORNEY TAKES EFFECT DURING YOUR LIFETIME, I.E. IF YOU BECOME INCAPACITATED. THE POWER OF ATTORNEY FOR MANAGING PROPERTY ENABLES YOUR ATTORNEY TO SIGN ON YOUR BEHALF WITH RESPECT TO BUSINESS AND FINANCIAL MATTERS. YOUR POWER OF ATTORNEY FOR PERSONAL CARE ALLOWS YOUR ATTORNEY TO DEAL WITH YOUR DOCTORS AND TO MAKE MEDICAL DECISIONS WHICH YOU ARE INCAPABLE OF MAKING DUE TO YOUR ILLNESS.)

POWERS OF ATTORNEY:

DO YOU WISH A POWER OF ATTORNEY FOR MANAGING PROPERTY ("GENERAL POWER OF ATTORNEY"):

IF YES, WHOM DO YOU WISH TO BE YOUR ATTORNEY:
(IF OTHER, PLEASE PROVIDE DETAILS:)

NAME:

ADDRESS:

NAME:

ADDRESS:

IF MORE THAN ONE ATTORNEY, HOW WILL THEY ACT?

ANY SPECIAL CONDITIONS?

POWER OF ATTORNEY FOR PERSONAL CARE:

DO YOU WISH A POWER OF ATTORNEY FOR PERSONAL CARE:

IF YES, WHOM DO YOU WISH TO BE YOUR ATTORNEY:
(IF OTHER, PLEASE PROVIDE DETAILS:)

NAME:

ADDRESS:

NAME:

ADDRESS:

IF MORE THAN ONE ATTORNEY, HOW WILL THEY ACT?

ANY SPECIAL CONDITIONS?

MANY PEOPLE CHOOSE TO HAVE A "LIVING WILL" INCORPORATED INTO THEIR POWER OF ATTORNEY. ESSENTIALLY, THIS INSTRUCTS THEIR ATTORNEY THAT NO HEROIC MEASURES ARE TO BE TAKEN TO PROLONGING THEIR LIFE IF THERE IS NO POSSIBILITY OF RECOVERY. DO YOU WISH THE LIVING WILL PROVISION TO BE INCORPORATED INTO YOUR POWER OF ATTORNEY FOR PERSONAL CARE:

DOCTOR'S NAME:



PART V - DIGITAL ASSETS MEMORANDUM

IN TODAY'S DAY AND AGE, IT IS IMPORTANT TO CONSIDER HOW YOU WOULD LIKE YOUR DIGITAL ASSETS HANDLED AFTER YOU DIE. SOCIAL MEDIA SITES INCLUDING FACEBOOK, TWITTER AND LINKEDIN ALL HANDLE THE DEATHS OF THEIR USERS DIFFERENTLY WHEN IT COMES TO MEMORIALIZING OR FREEZING ACCOUNTS. DELETING THE ACCOUNTS CAN BE A CUMBERSOME, AND SOMETIMES IMPOSSIBLE, PROCESS. OTHER DIGITAL ASSETS INCLUDE YOUR EMAIL ACCOUNTS, COMPUTER PASSWORDS AND FILES, SMARTPHONE PASSWORDS AND FILES, AND ONLINE BANKING AND BILL PAYMENT PASSWORDS. PLEASE CONSIDER INCLUDING ALL ITEMS THAT CONSTITUTE YOUR DIGITAL, ONLINE LIFE. PLEASE INCLUDE THE LOCATION OF SUCH ITEMS IF STORED SEPARATELY AND INSTRUCTIONS HOW THEY SHOULD BE HANDLED.

WE UNDERSTAND THAT YOU MAY NOT FEEL COMFORTABLE PROVIDING US WITH THIS SENSITIVE INFORMATION. INSTEAD OF SUBMITTING THIS MEMORANDUM TO US, PLEASE CONSIDER LEAVING A COMPLETED COPY WITH YOUR SIGNED WILL OR ADVISING YOUR EXECUTORS AND TRUSTEES WHERE IT WILL BE STORED.

DIGITAL DEVICES (computers, tablets, smartphones, etc.):

ITEM:	ACCESS INFORMATION:	INSTRUCTIONS:

EMAIL ACCOUNTS:

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

SOCIAL NETWORKING (Facebook, Twitter, etc.):

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

ONLINE BANKING / FINANCIAL ACCOUNTS

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

ONLINE MEDIA ACCOUNTS (music, photos, etc.):

ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS:

OTHER DIGITAL ASSETS:

ITEM / ACCOUNT:	ACCESS INFORMATION:	INSTRUCTIONS: