

Family Emergency Information

Name

Date

People To Be Contacted

Next of kin

Name:

Relationship to you:

Telephone:

Address:

Name:

Relationship to you:

Telephone:

Address:

Name:

Relationship to you:

Telephone:

Address:

Name:

Relationship to you:

Telephone:

Address:

Other People To Be Contacted

Financial Advisor:

Telephone:

Address:

Lawyer:

Telephone:

Address:

Accountant:

Telephone:

Address:

Bank:

Telephone:

Address:

Insurance Agent:

Telephone:

Address:

Employee/Business Office:

Telephone:

Address:

Those granted power of attorney

Name:

Telephone:

Address:

Others

Name:

Telephone:

Address:

Name:

Telephone:

Address:

Living Will

▶ Do you have a Power of Attorney for personal care?

Yes No

▶ If so, where is such a document kept?

.....

To whom have you given authority to

make medical decisions on your

behalf?

.....

.....

Organ Donation

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

Yes No

If yes, explain:

.....

.....

▶ Have you explained this in your

Will

Organ donor card

Driver's License/Provincial health card

▶ Have you informed your

Doctor

Next of Kin

Power of attorney

▶ In a letter?

Yes No

Funeral Arrangements

▶ Have you made funeral arrangements?

Yes No

Funeral Home & Address:

.....

.....

.....

Telephone:

▶ Have you set out instructions in your Will?

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:

.....

Your Will

▶ Do you have a Will? Yes No

The Original is located:

A copy is located:

The Will was dated/last updated:

Personal Records

Date of Birth:

Place of Birth:

Birth certificate is located:

Social Insurance/Social Security Number:

Citizenship Papers Yes No Passport

They are located:

Marriage certificate Yes No Passport

Located:

Employers

Start with current

Employer: _____

Year: _____

Address/Location _____

Previous

Employer: _____

Year: _____

Address/ Location _____

Memberships

List all memberships in clubs, associations, subscriptions

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Financial Commitments

Rent or Mortgage Payments

Amount \$:.....

Due Date:.....

Lender/Address

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

Amount \$:.....

Due Date:.....

Lender/ Address

Amount\$:.....

Due Date:.....

Lender/ Address:.....

Amount\$:.....

Due Date:.....

Lender/ Address:

Amount\$:.....

Due Date:.....

Lender/ Address:.....

Charitable Gift

For:.....

Address:.....

For:.....

Address:.....

Contractual Obligations

For:.....

Address:.....

For:.....

Address:.....

For:.....

Address:.....

Other financial obligations/ commitments
(auto lease, support/, maintenance obligations)

For:.....

Address:.....

For:.....

Address:.....

Life Insurance

Policies you own on your life

Company.....

Policy number

Policy is located.....

Beneficiary.....

Company.....

Policy number

Policy is located

Beneficiary.....

Policies you others

Company.....

Policy number

Policy is located.....

Name of Insured.....

Company.....

Policy Number.....

Policy is located.....

Name of Insured.....

Disability

Company.....

Policy Number.....

Policy is located.....

Company.....

Policy Number.....

Policy is located.....

Company.....

Policy Number.....

Policy is located.....

Hospital & Medical Insurance

Company.....

Policy Number.....

Policy is located.....

Home/Auto Insurance

Company.....

Policy Number.....

Policy is located.....

Agent.....

Investments

Investment Funds

Yes No Acquired by gift or inheritance

Advisors name & address.....

Account #.....

Registered owner(s).....

Advisors name & address.....

Account #.....

Registered owner(s).....

Advisors name & address.....

Account #.....

Registered owner(s).....

Annuity Contacts

Yes No Acquired by gift or inheritance

Policy Number.....

Carrier name and Address

.....

Do you receive income from them?

Yes No

Information from these annuities is located

.....

Do you have any government bonds?

Yes No Acquired by gift or inheritance

Certificate located:.....

Registered to.....

Bearer.....

Or Co-registered with.....

Serial Number.....

The Bonds are located.....

.....

Misc. Securities

Do you own any stock or bonds?

Yes No Acquired by gift or inheritance

Any securities pledged for loans?

Yes No Acquired by gift or inheritance

With Whom:

.....

Pension Plans

▶ Are you a member of Registered Pension plan?

Yes No

Account#.....

Carrier name & Address.....

Beneficiary.....

Account#.....

Carrier name & Address.....

Beneficiary.....

▶ Do you have a Register Retirement Savings Plan(RRSP)

Yes No

Advisors.....

Account #.....

Name and Address.....

Beneficiary.....

Information about these plans is located
Advisors

.....

▶ Are you a subscriber to a Registered Education Savings Plan

Yes No

Advisors.....

Account#.....

Name & Address.....

Beneficiary.....

▶ Do you have a Registered Retirement Income Fund (RRIF)?

Yes No

Account#.....

Name & Address.....

Beneficiary.....

▶ Have Deferred Profit Sharing Plan?

Yes No

Account #.....

Name & Address.....

Beneficiary.....

Bank Accounts

Be sure to list all your bank accounts, so your executor or family can find the money you have in these accounts.

Bank

Branch:

Account#

Savings Chequing Joint

If joint, who is joint owner?

.....

.....

Branch:

Account#

Savings Chequing Joint

If joint, who is joint owner?

.....

.....

Branch:

Account#

Savings Chequing Joint

If joint, who is joint owner?

.....

.....

Safety Deposit Box

▶ Do you have safety deposit box?

Yes No

Location

Name of others who have access to it

.....

.....

Residence & Other Real Estate

| | | |
|---------------------------------------|----------------------------------|--------------------------------------|
| Type of Real Estate (House, condo) | Title is Held by (Circle one) | Is there a mortgage? (Circle One) |
| | You | Yes |
| | Spouse | No |
| | Joint | |
| | You | Yes |
| | Spouse | No |
| | Joint | |
| | You | Yes |
| | Spouse | No |
| | Joint | |

► Where are the following located?

Certificates of title:.....

Copy of Mortgage.....

Property Insurance policies
.....

Land Surveys.....
.....

Property Tax Receipts.....
.....

.....

Building cost figures
.....

Mortgage insurance policy
.....

Personal Property

► List of all vehicles you own
.....
.....

Vehicle registration is located
.....
.....

Bill of sale/insurance papers located

.....
.....

► Are household furnishing insured?

Yes No

Bills of sale, an inventory of & insurance polices for household furnishing located

.....

Jewelry, stamp collections, coin collection Appraisal documents etc. are located

.....

Collections/ Heirlooms/items special value

.....

Property Insurance Co & Policy Number

.....