

ESTATE PLANNING WORKBOOK

PREPARED BY: _____

DATE PREPARED: _____

DATE UPDATED: _____



Where you need us to be.

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One of the most important decisions you will make when it comes to your estate is appointing an executor to carry out the directions outlined in your will. This is not a decision to be taken lightly. Your executor is responsible for settling all aspects of your estate including ensuring your assets are distributed, outstanding debts are paid and income tax returns are filed. It's important to appoint someone who is trustworthy, capable and most importantly, willing to take on this role.

Depending on the complexity, it can take anywhere from a couple months to a couple years to settle an estate. There is no denying that taking on the role as an executor is a big job so it's important that you provide your executor with as much information as possible regarding your estate. That's where we come in.

This easy-to-use workbook is designed to help you get organized and build a comprehensive reference tool for your executor. By completing this workbook and keeping it up-to-date, you are providing your executor with the important information they will need to make sure your final wishes are carried out. Once completed, make sure to let your executor know where your workbook is kept so that he / she can access it when needed.

Don't get discouraged by the amount of information on the following pages. We are available to help you complete the workbook and answer any questions you may have about preparing a plan for your estate. For help or to speak with one of our associates about your estate plans, please contact your local branch.



PERSONAL INFORMATION

Name *(given, middle, surname)* : _____
Address: _____
Phone: _____
Date of birth: _____
Place of birth: _____
Social insurance number: _____

SPOUSE

Name *(given, middle, surname)*: _____
Date of birth: _____
Address: _____
Phone: _____
Email: _____

CHILDREN

Name: _____ <i>(given, middle, surname)</i>	Name: _____ <i>(given, middle, surname)</i>
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Name: _____ <i>(given, middle, surname)</i>	Name: _____ <i>(given, middle, surname)</i>
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

OTHER BENEFICIARIES

Name: _____ <i>(given, middle, surname)</i>	Name: _____ <i>(given, middle, surname)</i>
Relationship: _____	Relationship: _____
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Name: _____ <i>(given, middle, surname)</i>	Name: _____ <i>(given, middle, surname)</i>
Relationship: _____	Relationship: _____
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____



LOCATION OF IMPORTANT DOCUMENTS

WILL

Date of will / codicil: _____

Location: _____

Lawyer or notary: _____

Firm: _____

Address: _____

Phone: _____

Email: _____

EXECUTOR(S) OR TRUSTEE(S)

Address: _____

Phone: _____

SAFE DEPOSIT BOX

Financial institution: _____

Branch address: _____

Location of keys: _____

Financial institution: _____

Branch address: _____

Location of keys: _____

OTHER DOCUMENTS

Birth certificate: _____

Passport / citizen papers: _____

Income tax returns: _____

Marriage documents: _____

Separation or divorce papers: _____

Marriage, cohabitation or separation agreements: _____

Custody or adoption papers: _____

Other (specify): _____



PROFESSIONAL ADVISORS

DOCTOR

Name: _____
Clinic: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

LAWYER

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

ACCOUNTANT

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

FINANCIAL ADVISOR

Name: _____
Company: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

BANKING CONTACT

Name: _____
Financial institution: _____
Address: _____
Phone: _____
Fax: _____
Email: _____



BANKING INFORMATION

Financial institution: _____

Address: _____

Phone: _____

Account number: _____

Account type: _____

Financial institution: _____

Address: _____

Phone: _____

Account number: _____

Account type: _____

Financial institution: _____

Address: _____

Phone: _____

Account number: _____

Account type: _____

CREDIT CARDS

Issuer: _____

Type of card: _____

Expiry date: _____

Card number: _____

Credit limit: \$ _____

Issuer: _____

Type of card: _____

Expiry date: _____

Card number: _____

Credit limit: \$ _____

Issuer: _____

Type of card: _____

Expiry date: _____

Card number: _____

Credit limit: \$ _____



ACCOUNTS AND PRE-AUTHORIZED DEBITS

HOUSEHOLD ACCOUNT	SERVICE PROVIDER	ACCOUNT #	TELEPHONE #	CONTACT	PRE-AUTHORIZED DEBIT (YES / NO)
Hydro					
Oil / gas					
Cable					
Internet					
Home phone					
Cell phone					
Lawn care					
Snow removal					
Security system					
Gym membership					
Magazine subscription					
Other					
Other					



INVESTMENTS

INVESTMENT ACCOUNT INFORMATION

Company or firm: _____

Contact name: _____

Type (*cash, RRSP, RRIF, locked-in accounts, RESPs, annuities, TFSAs, mutual funds*): _____

Ownership (*individual / joint / beneficiary*): _____

Account number: _____

Value: \$ _____

Additional details: _____

Company or firm: _____

Contact name: _____

Type (*cash, RRSP, RRIF, locked-in accounts, RESPs, annuities, TFSAs, mutual funds*): _____

Ownership (*individual / joint / beneficiary*): _____

Account number: _____

Value: \$ _____

Additional details: _____

Company or firm: _____

Contact name: _____

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Ownership (*individual / joint / beneficiary*): _____

Account number: _____

Value: \$ _____

Additional details: _____

Company or firm: _____

Contact name: _____

Type (*cash, RRSP, RRIF, locked-in accounts, RESPs, annuities, TFSAs, mutual funds*): _____

Ownership (*individual / joint / beneficiary*): _____

Account number: _____

Value: \$ _____

Additional details: _____



OTHER INVESTMENTS

Including Canada savings bonds, share certificates, etc.

DESCRIPTION	LOCATION	BENEFICIARY	VALUE
1.			\$
2.			\$
3.			\$

PENSION PLANS

Company name: _____	Company name: _____
Company contact: _____	Company contact: _____
Phone number: _____	Phone number: _____
Employee / plan number: _____	Employee / plan number: _____
Plan type: _____ (DB, DC, DPSP or group RRSP)	Plan type: _____ (DB, DC, DPSP or group RRSP)

Company name: _____	Company name: _____
Company contact: _____	Company contact: _____
Phone number: _____	Phone number: _____
Employee / plan number: _____	Employee / plan number: _____
Plan type: _____ (DB, DC, DPSP or group RRSP)	Plan type: _____ (DB, DC, DPSP or group RRSP)

ANNUITIES

Issuing company: _____

Phone number: _____

Policy number: _____

Policy location: _____

Issuing company: _____

Phone number: _____

Policy number: _____

Policy location: _____



PERSONAL ASSETS

Including cars, art, jewelry, coin collections and other items of value.

DESCRIPTION	LOCATION	BENEFICIARY	VALUE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			



REAL ESTATE

PRINCIPLE RESIDENCE

Address: _____
Owner(s): _____
Date of purchase: _____
Deed location: _____
Purchase price: \$ _____

Mortgage information

Financial institution: _____
Address: _____
Telephone: _____
Location of mortgage documents: _____

Property tax information

Property identifier number: _____
Municipality: _____
Office telephone number: _____

OTHER PROPERTY

Address: _____
Owner(s): _____
Date of purchase: _____
Deed location: _____
Purchase price: \$ _____

Mortgage information

Financial institution: _____
Address: _____
Telephone: _____
Location of mortgage documents: _____

Property tax information

Property identifier number: _____
Municipality: _____
Office telephone number: _____

OTHER PROPERTY

Address: _____
Owner(s): _____
Date of purchase: _____
Deed location: _____
Purchase price: \$ _____

Mortgage information

Financial institution: _____
Address: _____
Telephone: _____
Location of mortgage documents: _____

Property tax information

Property identifier number: _____
Municipality: _____
Office telephone number: _____



BUSINESS INVESTMENTS

Including corporations, partnerships and sole proprietorships.

Company name: _____
Contact name: _____
Type: _____
Percentage of interest held: _____
Location of documents: _____
Legal counsel: _____
Beneficiary: _____
Phone: _____
Email address: _____
Partnership or shareholder agreement: _____

Company name: _____
Contact name: _____
Type: _____
Percentage of interest held: _____
Location of documents: _____
Legal counsel: _____
Beneficiary: _____
Phone: _____
Email address: _____
Partnership or shareholder agreement: _____

Company name: _____
Contact name: _____
Type: _____
Percentage of interest held: _____
Location of documents: _____
Legal counsel: _____
Beneficiary: _____
Phone: _____
Email address: _____
Partnership or shareholder agreement: _____



LIFE INSURANCE

INDIVIDUAL COVERAGE

Issuer: _____

Insured: _____

Agent's name: _____

Phone number: _____

Email address: _____

Insurance type (term or permanent): _____

Policy number: _____

Face value: \$ _____

Death benefit: _____

Beneficiary: _____

Policy location: _____

Issuer: _____

Insured: _____

Agent's name: _____

Phone number: _____

Email address: _____

Insurance type (term or permanent): _____

Policy number: _____

Face value: \$ _____

Death benefit: _____

Beneficiary: _____

Policy location: _____

GROUP COVERAGE

Issuer: _____

Insured: _____

Agent's name: _____

Phone number: _____

Email address: _____

Insurance type (term or permanent): _____

Policy number: _____

Face value: \$ _____

Death benefit: _____

Beneficiary: _____

Policy location: _____



Issuer: _____
Insured: _____
Agent's name: _____
Phone number: _____
Email address: _____
Insurance type (term or permanent): _____
Policy number: _____
Face value: \$ _____
Death benefit: _____
Beneficiary: _____
Policy location: _____

OTHER INSURANCE

OTHER LIFE COVERAGE

Including travel insurance, credit cards, etc.

Issuer: _____
Insured: _____
Insurance type: _____
Policy number: _____
Death benefit: _____
Contract location: _____

Issuer: _____
Insured: _____
Insurance type: _____
Policy number: _____
Death benefit: _____
Contract location: _____

GROUP HEALTH INSURANCE

Insurance company: _____
Contact name: _____
Phone: _____
Group: _____
Coverage for: _____
Refunds on premiums: _____
Amounts owing to the estate: _____

Insurance company: _____
Contact name: _____
Phone: _____
Group: _____
Coverage for: _____
Refunds on premiums: _____
Amounts owing to the estate: _____



PRIVATE DISABILITY INSURANCE

Insurance company: _____

Contact name: _____

Phone: _____

Coverage type: _____

Policy number: _____

Coverage: \$ _____

Annual premium: \$ _____

Benefit period: _____

Refunds on premiums: _____

Amounts owing to the estate: _____

Insurance company: _____

Contact name: _____

Phone: _____

Coverage type: _____

Policy number: _____

Coverage: \$ _____

Annual premium: \$ _____

Benefit period: _____

Refunds on premiums: _____

Amounts owing to the estate: _____

CRITICAL ILLNESS / DISABILITY INSURANCE

Insurance company: _____

Contact name: _____

Phone: _____

Coverage type: _____

Policy number: _____

Coverage: \$ _____

Annual premium: \$ _____

Benefit period: _____

Refunds on premiums: _____

Amounts owing to the estate: _____



PROPERTY INSURANCE

Including home, auto or other.

Property description: _____

Insurance company: _____

Contact name: _____

Phone: _____

Policy number: _____

Contract location: _____

Property description: _____

Insurance company: _____

Contact name: _____

Phone: _____

Policy number: _____

Contract location: _____

Property description: _____

Insurance company: _____

Contact name: _____

Phone: _____

Policy number: _____

Contract location: _____

OTHER INSURANCE

Including mortgage, credit card, etc.

Insurance company: _____

Coverage for: _____

Policy number: _____

Coverage: \$ _____

Policy location: _____

Insurance company: _____

Coverage for: _____

Policy number: _____

Coverage: \$ _____

Policy location: _____



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