

Client Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
(mm/dd/yy)

Marital Structure:  Married  Divorced  Single  Common Law  Widow/Widower

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Parent's Birthplace: \_\_\_\_\_

Name of Child/Dependant	Gender	Date of Birth	Special needs	Pets
				<input type="radio"/> yes <input type="radio"/> no
				Special instructions:

## ADVISORS/AGENTS/REPRESENTATIVES

Advisor	Name	Phone	Address
Lawyer			
Accountant			
Investment Advisor			
Life Insurance Agent			
Doctor			
Designated Guardian			
Executor(s)			
Executor(s)			
Power of Attorney(s)			
Emergency Contact			
Health Decision Maker			

## LIFE, DISABILITY &amp; ACCIDENT INSURANCE PARTICULARS

	Employer Insurance Particulars
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	

	Life Insurance
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	

	Life Insurance
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	

	Life Insurance
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	

## LIFE, DISABILITY &amp; ACCIDENT INSURANCE PARTICULARS CONTINUED

	Critical Illness Insurance
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	
Return of Premium Rider	

	Disability Insurance
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	

	Other (Group Benefits)
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	

	Other Insurance
Company	
Policy #	
Name Insured	
Beneficiaries	
Value	

**ASSET PARTICULARS & LOCATIONS**

**Safety Deposit Box**

Location

Box #

Key Location

**Private Safe**

Location

Combination/ Access Particulars

**Will**

Location

Notorized Copies Location

**Bank Accounts**

Account Holder

Bank

Account #

## ASSET PARTICULARS &amp; LOCATIONS CONTINUED

Investment Accounts				
Account Holder	Account Type	Investment Firm	Account #	Beneficiary

Pension Plan/Annuity	
Employer Name	
Pension Plan Administrator	
Pension Plan Contract #	
Pension Amount	
Survivorship Option Elected	
Pension Guarantee Period	
Election	
Beneficiary	
Death Benefit	

Pension Plan/Annuity	
Employer Name	
Pension Plan Administrator	
Pension Plan Contract #	
Pension Amount	
Survivorship Option Elected	
Pension Guarantee Period	
Election	
Beneficiary	
Death Benefit	

## ASSET PARTICULARS &amp; LOCATIONS CONTINUED

## Principal Residence

Principal Residence Address	
Registered Owners	
Joint or Tenants-in-Common	
Mortgagee	
Account #	
Mortgage Insurance	
Title Location	
House Insurance	

## Cottage/Cabin

Cottage/Cabin Address	
Registered Owners	
Joint or Tenants-in-Common	
Mortgagee	
Account #	
Mortgage Insurance	
Title Location	
House Insurance	

## Rental Property

Rental Property Address	
Registered Owners	
Joint or Tenants-in-Common	
Mortgagee	
Account #	
Mortgage Insurance	
Title Location	
House Insurance	

ASSET PARTICULARS & LOCATIONS CONTINUED

Other Property	
Property Address	
Registered Owners	
Joint or Tenants-in-Common	
Mortgagee	
Account #	
Mortgage Insurance	
Title Location	
House Insurance	

Jewellery/Art/Collections		
Type	Location	Estimated Value

Business Contracts or Agreements – (Shareholder Agreements)

ASSET PARTICULARS & LOCATIONS CONTINUED

Identification & Personal Agreements	
Particular	Location
Birth Certificate	
Marriage Certificate	
Pre or Post Nuptial Agreements	
Divorce Documents	
Adoption Documents	
Passport	
Other	
Other	

Other Assets (Autos, Boats, Clothing etc.)		
Type	Location	Estimated Value



LIABILITIES/BILL PAYMENTS

Biller Information		
Company	Pre-Authorized Payment	Debiting Bank Account #
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	

Credit Card/Line of Credit Accounts		
Institution	Name on card	Card # (Optional)

Loans (Other than Mortgages)		
Account Holder	Institution	Account #

## TAX INFORMATION

Tax Returns		
Tax Year	Filed	Location
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	
	<input type="radio"/> yes <input type="radio"/> no	

## FUNERAL DIRECTIONS

Cremation	
Client	Spouse
<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no

Pre-Arranged Burial Information		
Funeral Company	Location	Is the Funeral Pre-paid?
		<input type="radio"/> yes <input type="radio"/> no
		<input type="radio"/> yes <input type="radio"/> no

## Special Instructions

**ONLINE ACCOUNTS & PASSWORDS**

Digital Accounts (Social Media, Online Streaming, Points, etc.)			
Company	Account #	Username	Password

## OTHER POLICIES

## Policy 1

Company:

Policy #:

Name Insured:

Beneficiaries:

Value:

## Policy 2

Company:

Policy #:

Name Insured:

Beneficiaries:

Value:

## Policy 3

Company:

Policy #:

Name Insured:

Beneficiaries:

Value:

## Policy 4

Company:

Policy #:

Name Insured:

Beneficiaries:

Value:

OTHER INFORMATION

Trusts			
Type of Trust	Trustee	Value	Income

Charitable Giving			
Personal or Corporate	Name of Charity	Annual Donation	Estate Donation
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Personal <input type="radio"/> Corporate		<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no

Notes: