

# The importance of informing others of your intentions

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This tool will help you pass on important information about yourself to the people you're close to. The information in the first part of the document is confidential; be sure to keep it in a safe place. The second part, listing the names of key persons, should be kept in a place that is readily accessible to the people you're close to.

Last name and first name	Telephone number	E-mail address

# Personal information

	Client	Spouse
Last name and first name		
Date of birth		
S.I.N.		
Citizenship(s)		
Place of birth		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Civil union <input type="checkbox"/> Common-law partner <input type="checkbox"/> Adult interdependent partner
Contract/union	<input type="checkbox"/> Common-law <input type="checkbox"/> Marriage contract	<input type="checkbox"/> Civil union <input type="checkbox"/> Marriage contract
Previous union(s)	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated

## Children

Last name and first name	Address and telephone number	Year of birth	Parents

## Grandchildren

Last name and first name	Address and telephone number	Year of birth	Parents

## Parents

	Client	Spouse
Mother's last and first name		
Telephone number		
Year of birth		
Father's last name and first name		
Telephone number		
Year of birth		

## Personal information (cont.)

### Location of documents

	Client	Spouse
Will		
Power(s) of attorney		
Birth certificate		
Legal contract(s)		
Passport(s)		
Income tax returns		
Safe(s)/safety deposit box(es)		
Property titles		

## Banking information

### Bank account(s)

Name and address of institution	Account number	Type of account		Debit card	
		<input type="checkbox"/> Personal	<input type="checkbox"/> Joint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Personal	<input type="checkbox"/> Joint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Personal	<input type="checkbox"/> Joint	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Credit product(s) (mortgage, personal loan, line of credit, etc.)

Product type	Amount due and payment	Name and address of institution	Account number	Type of account
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint

## Credit card(s)

Issuer	Credit limit	Name and address of institution	Account number	Type of account
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint
				<input type="checkbox"/> Personal <input type="checkbox"/> Joint

## Information on assets and liabilities

### Family support payment(s)

Beneficiary	Beneficiary's address	Monthly payment	Details of the agreement

### Guarantee(s)

Borrower	Borrower's address	Amount	Details of the agreement

### Real estate

Principal residence	
Name and address of owner(s)	
Date purchased and purchase price	
Mortgage amount	
Date loan was issued	
Name of borrower(s)	
Present value of property	
Insurance	

## Information on assets and liabilities (cont.)

### Real estate (cont.)

Secondary residence(s)	Residence 1	Residence 2
Name and address of owner(s)		
Date purchased and purchase price		
Mortgage amount		
Date loan was issued		
Name of borrower(s)		
Present value of residence		
Insurance		

Income property(ies)	Property 1	Property 2
Name and address of owner(s)		
Date purchased and purchase price		
Mortgage amount		
Date loan was issued		
Name of borrower(s)		
Present value of property		
Insurance		
Annual income		

### Business(es)

Name	
Type of ownership	
Owner(s)	
Contact person	
Organizational structure	
Shareholder agreement	
Succession plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Information on assets and liabilities (cont.)

### Investment(s)

Non-registered					
Name of institution	Name and address of contact person	Account number	Amount	Type of investment	Investment category
					<input type="checkbox"/> Personal <input type="checkbox"/> Joint
					<input type="checkbox"/> Personal <input type="checkbox"/> Joint
					<input type="checkbox"/> Personal <input type="checkbox"/> Joint
					<input type="checkbox"/> Personal <input type="checkbox"/> Joint

Tax Free Savings Account (TFSA)					
Name of institution	Name and address of contact person	Account number	Amount	Type of investment	Beneficiary(ies)

Registered (RRSP, RRIF, LIRA, etc.)					
Name of institution	Name and address of contact person	Account number	Amount	Type of investment or account (RRSP, RRIF)	Beneficiary(ies)

Registered Education Savings Plan (RESP)					
Name of institution	Name and address of contact person	Account number	Amount	Type of investment or account (RRSP, RRIF)	Beneficiary(ies)

## Information on assets and liabilities (cont.)

### Investment(s) (cont.)

Annuity(ies)			
Name and address of issuer	Contract number	Amount	Beneficiary(ies)

Private investment(s)			
Name of company	Type of investment	Interest rate	Location of documents

Private pension plan(s)		
Name of employer	Name and address of contact person	Type of plan

### Other sources of income:

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### Other assets

Loans and demand notes		
Borrower's name and address	Amount	Details

Other property (e.g., art, car, boat, jewelry, wine cellar)	
Type	Value



# Insurance information

Life insurance							
Owner/Holder	Name of person insured	Type of policy	Policy number	Name and address of issuer	Cash surrender value	Death benefit	Beneficiary(ies)
		<input type="checkbox"/> Permanent <input type="checkbox"/> Term <input type="checkbox"/> Universal life					
		<input type="checkbox"/> Permanent <input type="checkbox"/> Term <input type="checkbox"/> Universal life					
		<input type="checkbox"/> Permanent <input type="checkbox"/> Term <input type="checkbox"/> Universal life					
		<input type="checkbox"/> Permanent <input type="checkbox"/> Term <input type="checkbox"/> Universal life					

Life insurance – Group coverage					
Owner/Holder	Name of person insured	Policy number	Name and address of issuer	Death benefit	Beneficiary(ies)

Life insurance – Corporate					
Owner/Holder	Name of person insured	Policy number	Name and address of issuer	Death benefit	Beneficiary(ies)

## Other insurance

	Name and address of issuer	Value	Person(s) insured
Car(s)			
Credit card(s)			
Travel			
Health care			
Various property			

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## Insurance information (cont.)

### Disability insurance

Member	Policy number	Name and address of issuer	Waiting period	Length of time payment	Amount of payment

### Disability insurance – Group coverage

Member	Policy number	Name and address of issuer	Waiting period	Length of time payment	Amount of payment

### Critical Illness Insurance

Owner/Holder	Name of person insured	Policy number	Name and address of issuer	Capital amount	Return of premium benefit
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

# Estate planning information

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## Will

Type of will	Date of last update	Executor/Liquidator
<input type="checkbox"/> Holographic <input type="checkbox"/> In front of witnesses <input type="checkbox"/> Other		

## Power(s) of attorney

Type of power of attorney	Date of last update	Attorney

## Trust(s)

Type	Value	Beneficiary(ies)	Trustee(s)

## Strategy(ies) (bequests, planned giving, etc.):

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## Estate planning information (cont.)

### Pre-planned funeral arrangements

Name of funeral home	
Address	

### Specialists

	Last name and first name	Address
Employer		
Family doctor		
Lawyer		
Accountant		
Tax specialist		
Dentist		
Other specialists (pharmacist, optometrist, etc.)		

### Other service providers

	Service provider	Account number
Telephone		
Cell phone		
Internet		
Electricity		
Gas		
Alarm system		
Loyalty program		
Virtual banks		
Music		
Electronic payment		
Social media		
Cloud computing		
Other		

# Key persons

## Key persons to contact in case of emergency

Last name and first name	Telephone number	Relationship

## Your attorney(s)

Last name and first name	Telephone number	Relationship

## Your children

Last name and first name	Telephone number

## Other relatives or friends

Last name and first name	Telephone number	Relationship

*Keep this list in a place that is easily accessible to the people you're close to.*

### Executor of your estate

Last name and first name	Telephone number	Company

### Your lawyer/legal advisor

Last name and first name	Telephone number	Company

### Your main banker

Last name and first name	Telephone number	Company

### Your main investment advisor

Last name and first name	Telephone number	Company

### Your insurance advisor

Last name and first name	Telephone number	Company

### Other information

Do you have a will?	<input type="checkbox"/> Holographic	<input type="checkbox"/> In front of witnesses	<input type="checkbox"/> Other	<input type="checkbox"/> No
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Do you have pre-planned funeral arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you consented to organ donation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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#### **BANKING**

Simplifying your day-to-day banking transactions.



#### **FINANCING**

Helping you carry out the projects that are important to you.



#### **INVESTING**

Customizing solutions and advice for your short-term projects and retirement plans.



#### **PROTECTING**

Insuring you and your assets for your peace of mind.



#### **TRANSFERRING**

Making sure your estate is transferred to your loved ones.



#### **DOING BUSINESS**

Helping decision-makers grow their business.

❖ Should you have any questions, do not hesitate to contact us.

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514-871-7240  
1-800-463-6643

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