



ESTATE CHECK

PERSONAL INFORMATION		
	CLIENT 1	CLIENT 2
Full Name		
Date of Birth	MM / DD / YYYY	MM / DD / YYYY
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Common law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Common law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Citizenship / Status	<input type="checkbox"/> Canada <input type="checkbox"/> Dual (CDN-USA) <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Green Card <input type="checkbox"/> Other:	<input type="checkbox"/> Canada <input type="checkbox"/> Dual (CDN-USA) <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Green Card <input type="checkbox"/> Other:
Residence (city and province)		
Telephone Number	()	()

FAMILY INFORMATION				
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Child's Full Name				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child of	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both
Age				
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Citizenship / Status	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Dual (CDN-USA) <input type="checkbox"/> U.S. Green Card <input type="checkbox"/> Other:	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Dual (CDN-USA) <input type="checkbox"/> U.S. Green Card <input type="checkbox"/> Other:	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Dual (CDN-USA) <input type="checkbox"/> U.S. Green Card <input type="checkbox"/> Other:	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Dual (CDN-USA) <input type="checkbox"/> U.S. Green Card <input type="checkbox"/> Other:
Residence (country)	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	<input type="checkbox"/> Canada <input type="checkbox"/> U.S. <input type="checkbox"/> Other:
Will country of residence remain the same?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided
Grandchildren?	<input type="checkbox"/> Minors <input type="checkbox"/> Adults <input type="checkbox"/> None	<input type="checkbox"/> Minors <input type="checkbox"/> Adults <input type="checkbox"/> None	<input type="checkbox"/> Minors <input type="checkbox"/> Adults <input type="checkbox"/> None	<input type="checkbox"/> Minors <input type="checkbox"/> Adults <input type="checkbox"/> None
Do you have any adopted children?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you have any deceased children?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you have any dependent adult family members? (Children or parents with special needs)	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please explain:			
Do they qualify for the Disability Tax Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Do they qualify for provincial social assistance?	<input type="checkbox"/> No <input type="checkbox"/> Yes			

NON-REGISTERED INVESTMENTS		
Financial Institution / Account Name	Market Value	Owner
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Joint with:
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Joint with:
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Joint with:
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Joint with:

TFSAs

Financial Institution / Account Name	Market Value	Owner	Intended Beneficiary
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:

RRSPs AND RRIFs

Financial Institution / Account Name	Account Type	Market Value	Owner	Intended Beneficiary
	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> RRIF/PRIF <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> RRIF/PRIF <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> RRIF/PRIF <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> RRIF/PRIF <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> RRIF/PRIF <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:

LOCKED-IN RETIREMENT ASSETS

Financial Institution / Account Name	Account Type	Market Value	Owner	Intended Beneficiary
	<input type="checkbox"/> RPP <input type="checkbox"/> IPP <input type="checkbox"/> LIRSP/LIRA <input type="checkbox"/> LIF <input type="checkbox"/> LRIF	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	<input type="checkbox"/> RPP <input type="checkbox"/> IPP <input type="checkbox"/> LIRSP/LIRA <input type="checkbox"/> LIF <input type="checkbox"/> LRIF	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	<input type="checkbox"/> RPP <input type="checkbox"/> IPP <input type="checkbox"/> LIRSP/LIRA <input type="checkbox"/> LIF <input type="checkbox"/> LRIF	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:
	<input type="checkbox"/> RPP <input type="checkbox"/> IPP <input type="checkbox"/> LIRSP/LIRA <input type="checkbox"/> LIF <input type="checkbox"/> LRIF	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other:

RESPs

Financial Institution / Account Name	Market Value	Subscriber	Beneficiary
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	

REAL ESTATE ASSETS

Address / Description				
Property Type	<input type="checkbox"/> Residence <input type="checkbox"/> Vacation property <input type="checkbox"/> Rental property <input type="checkbox"/> Farm land <input type="checkbox"/> Vacant land <input type="checkbox"/> Other:	<input type="checkbox"/> Residence <input type="checkbox"/> Vacation property <input type="checkbox"/> Rental property <input type="checkbox"/> Farm land <input type="checkbox"/> Vacant land <input type="checkbox"/> Other:	<input type="checkbox"/> Residence <input type="checkbox"/> Vacation property <input type="checkbox"/> Rental property <input type="checkbox"/> Farm land <input type="checkbox"/> Vacant land <input type="checkbox"/> Other:	<input type="checkbox"/> Residence <input type="checkbox"/> Vacation property <input type="checkbox"/> Rental property <input type="checkbox"/> Farm land <input type="checkbox"/> Vacant land <input type="checkbox"/> Other:
Name(s) on Title	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Other:
Legal Ownership <i>(not applicable for property situated in Quebec)</i>	<input type="checkbox"/> Sole ownership <input type="checkbox"/> Joint ownership <input type="checkbox"/> Tenants in common	<input type="checkbox"/> Sole ownership <input type="checkbox"/> Joint ownership <input type="checkbox"/> Tenants in common	<input type="checkbox"/> Sole ownership <input type="checkbox"/> Joint ownership <input type="checkbox"/> Tenants in common	<input type="checkbox"/> Sole ownership <input type="checkbox"/> Joint ownership <input type="checkbox"/> Tenants in common
Market value of interest owned by client(s)	\$	\$	\$	\$

OTHER ASSETS (BUSINESS, VEHICLES, BOATS, ARTWORK, OTHER SIGNIFICANT ASSETS)

Asset Name / Description	Market Value	Owner
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse
	\$	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse

OTHER

Do you expect to receive any inheritances?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>If yes, provide details:</i>
Are you the beneficiary of a trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>If yes, what is the approximate value of the interest?</i>

LIABILITIES

Lender	Borrower	Amount Owng
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse	\$
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse	\$

LIFE INSURANCE

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
Insured	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint 1st-to-die <input type="checkbox"/> Joint 2nd-to-die	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint 1st-to-die <input type="checkbox"/> Joint 2nd-to-die	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint 1st-to-die <input type="checkbox"/> Joint 2nd-to-die	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint 1st-to-die <input type="checkbox"/> Joint 2nd-to-die
Policy Owner	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint with spouse <input type="checkbox"/> Corporation <input type="checkbox"/> Other:
Designated Beneficiary	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Estate <input type="checkbox"/> Child/Children <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Estate <input type="checkbox"/> Child/Children <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Estate <input type="checkbox"/> Child/Children <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Estate <input type="checkbox"/> Child/Children <input type="checkbox"/> Corporation <input type="checkbox"/> Other:
Policy Type	<input type="checkbox"/> Group term <input type="checkbox"/> -year term <input type="checkbox"/> Term-to-100 <input type="checkbox"/> Whole life <input type="checkbox"/> Universal Life	<input type="checkbox"/> Group term <input type="checkbox"/> -year term <input type="checkbox"/> Term-to-100 <input type="checkbox"/> Whole life <input type="checkbox"/> Universal Life	<input type="checkbox"/> Group term <input type="checkbox"/> -year term <input type="checkbox"/> Term-to-100 <input type="checkbox"/> Whole life <input type="checkbox"/> Universal Life	<input type="checkbox"/> Group term <input type="checkbox"/> -year term <input type="checkbox"/> Term-to-100 <input type="checkbox"/> Whole life <input type="checkbox"/> Universal Life
Policy Issuer				
Policy Number				
Death Benefit	\$	\$	\$	\$
If term insurance, when will coverage lapse?	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY

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WILL PLANNING

Do you currently have a will?	<input type="checkbox"/> No <input type="checkbox"/> Yes — <i>If yes, reason for proceeding with a new will:</i>
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ESTATE DISTRIBUTION INTENTIONS ON THE FIRST DEATH (IF THE SPOUSE IS STILL ALIVE)

	CLIENT 1	CLIENT 2
Specific Gifts		
Beneficiary Specific Gift		
Beneficiary Specific Gift		
Beneficiary Specific Gift		
Residue of Estate		
Intended Beneficiary	<input type="checkbox"/> All to spouse <input type="checkbox"/> Other <i>(describe)</i>	<input type="checkbox"/> All to spouse <input type="checkbox"/> Other <i>(describe)</i>

ESTATE DISTRIBUTION INTENTIONS ON THE SECOND DEATH (IF THE SPOUSE IS NOT ALIVE)

	CLIENT 1	CLIENT 2
Specific Gifts		
Beneficiary Specific Gift		
Beneficiary Specific Gift		
Residue of Estate		
Intended Beneficiary	<input type="checkbox"/> All to children <input type="checkbox"/> Other <i>(describe)</i>	<input type="checkbox"/> All to children <input type="checkbox"/> Other <i>(describe)</i>
If a child predeceases, his or her share of residue should go to:	<input type="checkbox"/> Deceased child's children <input type="checkbox"/> Deceased child's siblings	<input type="checkbox"/> Deceased child's children <input type="checkbox"/> Deceased child's siblings

Notes - State specific wishes and objectives

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WORST CASE SCENARIO

	CLIENT 1	CLIENT 2
How do you want the remainder of your estate distributed if there is no spouse, children or grandchildren alive?		

GOALS AND OBJECTIVES

On your death, what are the most important things you want to:	Ensure happen:
	Ensure do not happen:
Do you have any special wishes as to what will happen to any recreational or other specific property?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>If yes, what are these wishes?</i>
Do you have any concerns about any of your beneficiaries receiving their share of your estate?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>If yes, please describe.</i>

EXECUTORS / LIQUIDATORS

CLIENT 1	Name	Relationship to You	Residence
Primary Executor / Liquidator			
<input type="checkbox"/> Spouse – alone			
<input type="checkbox"/> Spouse together with the listed persons			
<input type="checkbox"/> The listed persons			
Alternate Executor / Liquidator			
<input type="checkbox"/> Spouse – alone			
<input type="checkbox"/> Spouse together with the listed persons			
<input type="checkbox"/> The listed persons			
How are the alternates to act?	<input type="checkbox"/> Together <input type="checkbox"/> Successively		
CLIENT 2	Name	Relationship to You	Residence
Primary Executor / Liquidator			
<input type="checkbox"/> Spouse – alone			
<input type="checkbox"/> Spouse together with the listed persons			
<input type="checkbox"/> The listed persons			
Alternate Executor / Liquidator			
<input type="checkbox"/> Spouse – alone			
<input type="checkbox"/> Spouse together with the listed persons			
<input type="checkbox"/> The listed persons			
How are the alternates to act?	<input type="checkbox"/> Together <input type="checkbox"/> Successively		

GUARDIANS / TUTORS FOR MINOR CHILDREN

CLIENT 1	Name	Relationship to You	Residence
Primary Guardian / Tutor			
Alternate Guardian / Tutor			
How are the alternates to act?	<input type="checkbox"/> Together <input type="checkbox"/> Successively		
CLIENT 2	Name	Relationship to You	Residence
Primary Guardian / Tutor			
Alternate Guardian / Tutor			
How are the alternates to act?	<input type="checkbox"/> Together <input type="checkbox"/> Successively		

OTHER INFORMATION

Are any beneficiaries residents outside of Canada?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>If yes, provide details:</i>
Have you made any loans or advances to beneficiaries?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>If yes, provide details:</i>

Provide any other relevant information for a more complete picture of your situation and estate distribution intentions.

Examples would include: special estate planning priorities and family issues.

INCAPACITY PLANNING

Do you currently have Powers of Attorney No Yes — If yes, reason for proceeding with new documents:
(or Protective Mandates in Quebec)?

PROPERTY

CLIENT 1	Name	Relationship to You	Residence
Attorney / Mandatary – Property			
Primary			
Alternate			
How are the alternates to act? <input type="checkbox"/> Together <input type="checkbox"/> Successively			
CLIENT 2	Name	Relationship to You	Residence
Attorney / Mandatary – Property			
Primary			
Alternate			
How are the alternates to act? <input type="checkbox"/> Together <input type="checkbox"/> Successively			

HEALTH CARE

CLIENT 1	Name	Relationship to You	Residence
Attorney / Mandatary – Health Care			
Primary			
Alternate			
How are the alternates to act? <input type="checkbox"/> Together <input type="checkbox"/> Successively			
CLIENT 2	Name	Relationship to You	Residence
Attorney / Mandatary – Health Care			
Primary			
Alternate			
How are the alternates to act? <input type="checkbox"/> Together <input type="checkbox"/> Successively			

DOCUMENT CHECKLIST (YOUR LAWYER OR NOTARY WILL BE INTERESTED IN RECEIVING THESE DOCUMENTS.)

	CLIENT 1		CLIENT 2	
	Exists	Does Not Exist	Exists	Does Not Exist
Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney – Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney – Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Mandate (Quebec only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Contract / Pre-Nuptial or Cohabitation Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deed of Renunciation to family patrimony (Quebec only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shareholders' Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This document is intended to be an organizational tool only. It does not contain or intend to replace professional legal advice. Please consult with a lawyer or estate planning professional, as appropriate, regarding your individual estate planning needs.

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