Waterloo Wills – Intake Questionnaire

The information you are about to provide will be the basis for your discussions about your will and other estate and personal planning. You do not need evaluations or appraisals for listing assets and liabilities, but your best estimates should be sufficient for most discussions.

Bring the supporting documentation for bank accounts and investments with you to your first meeting to assist in the planning process.

How assets are registered is important. For example, owning a home as “joint tenants” versus owning a home as “tenants in common” is of great significance to your estate plan.

Confirming beneficiary designations for life insurance policies, registered funds and pension plans is also crucial.

The information collected here will not be disclosed without your express permission, for example, if you wish to have your lawyer consult with your financial advisor regarding part of your plan.

Date Completed: _____________________________[dd/mm/yyyy].

TO BE COMPLETED BY LAWYER: Date reviewed with client (Intake appointment): ______________________

**INTRODUCTORY INFORMATION**

FULL NAME:

EMAIL ADDRESS:

ADDRESS:

DATE OF BIRTH:

OCCUPATION:

ANNUAL INCOME:
RESIDENCE FOR INCOME TAX PURPOSES:

CITIZENSHIP:

DO YOU CURRENTLY OWN PROPERTY ANYWHERE OTHER THAN IN ONTARIO OR ON PROPERTY THAT IS GOVERNED BY THE INDIAN ACT?

DO YOU CURRENTLY HAVE A LAST WILL AND/OR POWERS OF ATTORNEY?

IF YOU CURRENTLY HAVE A LAST WILL OR POWERS OF ATTORNEY, PLEASE INDICATE WHY RE-DOING (CIRCLE ONE):

| | | |
|---|---|---|
| Housekeeping – time to update | Change in marital status | Recently widowed |
| Change executor(s) | Change in financial circumstances or property | Change beneficiarie(s) |

Other (please briefly explain):

## INFORMATION CONCERNING CURRENT AND HISTORICAL SPOUSAL RELATIONS

ARE YOU MARRIED OR IN A COMMON LAW RELATIONSHIP? ……… Y / N / NOT SURE

DO YOU LIVE WITH ANYONE WHO MIGHT BE CONSIDERED A SIGNIFICANT OTHER, A PARTNER OR A ROOMMATE?
……………………………………………………………………………………………….. Y / N / NOT SURE

DATE OF MARRIAGE / BEGINNING OF COMMON LAW RELATIONSHIP

MARRIED IN ONTARIO? ……………………………………………………………….. Y / N / NOT SURE

CURRENT SPOUSE'S NAME ____________________________________________________________

CURRENT SPOUSE'S ADDRESS IF DIFFERENT THAN MINE:

______________________________________________________________________________

CURRENT SPOUSE'S CITIZENSHIP ______________________________________________________

DO YOU HAVE A MARRIAGE CONTRACT? IF YES, BRING TO FIRST APPOINTMENT……Y / N / NOT SURE

HAVE YOU EVER BEEN DIVORCED OR SEPARATED? …………………..… Y / N / NOT SURE

NAME OF EX-SPOUSE ___________________________________________________________________

IS DIVORCE FINAL? ……………………………………………………………………… Y / N / NOT SURE

DO YOU HAVE A SEPARATION AGREEMENT?............................ Y / N / NOT SURE
IF YES, BRING COPY TO FIRST APPOINTMENT

ANY ONGOING SUPPORT OBLIGATIONS TO A PREVIOUS SPOUSE OR TO CHILDREN FROM PREVIOUS RELATIONSHIPS?
………………………………………………… Y / N / NOT SURE

INFORMATION CONCERNING YOUR FAMILY TREE AND YOUR CHILDREN (USE SEPARATE SHEET IF NECESSARY). STRIKE OR WRITE "NA – NOT APPLICABLE" IF INAPPLICABLE. IF AN INDIVIDUAL HAS PREDECEASED YOU, WRITE THE DATE OF THEIR DEATH UNDER "DOB/DOD" COLUMN. IT IS IMPORTANT TO RECORD YOUR FAMILY TREE ACCURATELY, EVEN IF YOU HAVE HAD A FALLING OUT. IT IS OK IF YOU DO NOT KNOW SPECIFIC DETAILS – JUST WRITE "U/K – UNKNOWN".

**PLEASE ENSURE YOU HAVE RECORDED THE CORRECT, FULL LEGAL NAME AS LISTED ON BIRTH CERTIFICATES, DRIVERS' LICENSES, ETC.)**

YOUR CHILDREN, STEP-CHILDREN, CHILDREN-IN-LAW AND DEPENDENTS

| **Pronoun/FULL NAME** | **DOB/DOD** | **WHERE LIVING (town, country, citizenship)** | **MARITAL STATUS (include name of spouse)** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

YOUR GRANDCHILDREN

| **Pronoun/FULL NAME** | **DOB/DOD** | **WHERE LIVING (town, country, citizenship)** | **MARITAL STATUS (include name of spouse)** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | | |

YOUR BROTHERS AND SISTERS (FULL, HALF AND STEP)

| Pronoun/FULL NAME | DOB\DOD | WHERE LIVING (town, country, citizenship) | MARITAL STATUS (include name of spouse) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

YOUR PARENTS, PARENTS-IN-LAW AND STEP-PARENTS

| Pronoun/FULL NAME | DOB\DOD | WHERE LIVING (town, country, citizenship) | MARITAL STATUS (include name of spouse) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

YOUR NIECES AND NEPHEWS

| Pronoun/FULL NAME | DOB\DOD | WHERE LIVING (town, country, citizenship) | MARITAL STATUS (include name of spouse) |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | | |
| | | | |

ANY DECEASED CHILDREN NOT MENTIONED? ……………………………… Y / N / NOT SURE

DOES ANYONE LISTED ABOVE CURRENTLY OR MAY IN FUTURE RELY ON ONTARIO DISABILITY SUPPORT OR A RELATED GOVERNMENT SUPPORT PROGRAM FOR FINANCIAL ASSISTANCE?
………………………………………………………………………………………………… Y / N / NOT SURE

WOULD YOU LIKE TO DISCUSS A HENSON TRUST? ……………………… Y / N / NOT SURE

IS THERE ANYONE NOT LISTED ABOVE FOR WHOM YOU HAVE BEEN INFORMALLY OR ARE UNDER A LEGAL OBLIGATON TO PROVIDE FINANCIAL SUPPORT TO? ……….. Y / N / NOT SURE

**ARE THERE ANY OTHER INDIVIDUALS NOT LISTED ABOVE THAT YOU MAY LIKE TO NAME AS AN INDIVIDUAL BENEFICIARY OR AS AN EXECUTOR / TRUSTEE WITHIN YOUR WILL?**

OTHER INDIVIDUALS (FRIENDS, ACQUATENANCES

| Pronoun/FULL NAME | DOB | WHERE LIVING (town, country, citizenship) | MARITAL STATUS (include name of spouse) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

DO YOU (OR YOUR SPOUSE IF APPLICABLE) HAVE STORED GENETIC MATERIAL, SUCH AS CORD BLOOD, GAMETES (EGGS, SPERM), OR AN EMBRYO?

WERE ANY POTENTIAL BENEFICIARIES OF YOUR ESTATE CONCEIVED USING A METHOD OF ASSISTED REPRODUCTION, INCLUDING A SURROGATE?

SPECIAL NOTES:

| |
|---|
| |

## LEGAL INTERESTS

ARE YOU PRESENTLY RECEIVING BENEFITS FROM AN ESTATE OR TRUST?................. Y / N / NOT SURE

HAVE YOU SET UP A TRUST TO BENEFIT ANOTHER PERSON? ....................................... Y / N / NOT SURE

ARE YOU PERSONALLY ACTING AS AN EXECUTOR OR TRUSTEE OF ANY ESTATE (CURRENTLY)? (If you are named as Executor but that individual is still alive, then select “No”).

……………………..…..Y / N / NOT SURE

DO YOU HAVE A FINANCIAL PLANNER, INVESTMENT ADVISOR, ACCOUNTANT AND/OR LIFE INSURANCE AGENT?

NAMES:
ADDRESSES:

Do I have your permission to reach out to your financial advisor to ascertain the details of your investments?

Y / N

DO YOU OWN OR HAVE AN INTEREST IN A BUSINESS (I.E. SOLE PROPRIETORSHIP, PARTNERSHIP OR LIMITED COMPANY)? PLEASE GIVE DETAILS.

PLEASE PROVIDE DETAILS OF ALL LIFE INSURANCE POLICIES:

| **TYPE OF INSURANCE (term/whole life)** | **INSTITUTION (Name)** | **VALUE (cash surrender or policy amount)** | **BENEFICIARIES** | **NAME OF INSURED** | **OWNER OF POLICY (if different than name of insured)** |
|---|---|---|---|---|---|
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

ARE YOU OWED MONEY PURSUANT TO A PRIVATE LOAN AGREEMENT OR PROMISSORY NOTE?

……………….………Y / N / NOT SURE

HAVE YOU LOANED MONEY WHICH YOU WANT TO BE DEDUCTED FROM ANY OF YOUR BENEFICIARIES' GIFTS
FROM YOUR ESTATE?

……………….………Y / N / NOT SURE

IF SO, PLEASE PROVIDE THE DETAILS AND BRING A COPY OF ANY LOAN AGREEMENTS OR PROMISSORY NOTES.

ARE YOU HOLDING ASSETS FOR ANYONE ELSE BY WAY OF A BARE TRUST? OR IS ANYONE ELSE HOLDING ASSETS FOR YOU BY WAY OF A BARE TRUST?

……………….………Y / N / NOT SURE

DO YOU OWN ASSETS JOINTLY WITH ANYONE (SUCH AS REAL ESTATE) FOR FINANCING PURPOSES?

……………….………Y / N / NOT SURE

## REAL ESTATE

ADDRESS (**PRINCIPAL RESIDENCE**):

DATE OF PURCHASE

PURCHASE PRICE

MORTGAGE? LENDER/BALANCE OWING

IN WHOSE NAME?

ADDRESS (**ADDITIONAL PROPERTIES**):

DATE OF PURCHASE

PURCHASE PRICE

MORTGAGE? LENDER/BALANCE OWING

IN WHOSE NAME?

IS ANY OF YOUR REAL ESTATE USED TO GENERATE RENTAL INCOME? IF SO, PROVIDE DETAILS

| |
|---|
| |

**PERSONAL PROPERTY**

DO YOU OWN ANY AUTOMOBILES, RECREATION VEHICLES, TRAILERS, FARMING EQUIPMENT, MOTORCYCLES OR BOATS? (Please include year, make, model, approximate worth and in whose name the asset is registered):

| |
|---|
| |

DO YOU OWN ANY ANTIQUES? (If yes, please provide further detail including approximate value):

| |
|---|
| |

WHAT IS THE ESTIMATED VALUE OF ALL OF YOUR HOUSEHOLD GOODS AND CONTENTS? (include appliances, electronics, décor, furniture, works of art, jewelry, etc.)

| |
|---|
| |

DO YOU OWN ANY CREATIVE WORKS OF ARTS OR DIGITAL ASSETS? CHECK (to the right) ALL THAT APPLY:

copyrighted music ___ artwork ___ literary or scholarly works ___ electronic currency such as ‘bitcoin’ ___ loyalty points___ social media accounts ___ email accounts ___ blogs ___ any type of intellectual property in any form ___

For email accounts, accounts on social networking sites and other products you may subscribe to (Netflix, telephone and internet services, etc.), consider leaving a list of usernames and passwords with your important papers so that your executor can save the files, delete accounts, halt automatic payments and so forth. **DO NOT INCLUDE PASSWORDS ON THIS QUESTIONNAIRE.**

## BANK ACCOUNTS

| NAME OF BANK OR INSTITUTION | LOCATION (address or transit #) | LAST 3 DIGITS OF ACCOUNT NUMBER | IN WHOSE NAME (if joint account, with who else?) | AVERAGE BALANCE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IF ANY OF THESE BANK ACCOUNTS IS/ARE HELD JOINTLY WITH ANOTHER PERSON, DO YOU INTEND THAT THE OTHER PERSON SHOULD INHERIT THE BALANCE IN THOSE ACCOUNT(S) UPON YOUR DEATH?

………………………..Y / N / NOT SURE

IF YES, SPECIFY WHICH ACCOUNT(S) BY LAST 3 DIGITS OF ACCOUNT NUMBER: ___________________________

DO YOU OWN A SAFETY DEPOSIT BOX? If yes, please provide details (location, box number, where key located):

| |
|---|
| |

## INVESTMENTS

| NAME OF BANK OR INSTITUTION | TYPE (RRSP, TFSA, RRIF) | LOCATION (address or transit #) | LAST 3 DIGITS OF ACCOUNT NUMBER | IN WHOSE NAME (if joint account, with who else?) | CURRENT VALUE | NAME OF BENEFICIARY IF REGISTERED |
|---|---|---|---|---|---|---|
| | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

IF ANY OF THESE INVESTMENTS IS/ARE HELD JOINTLY WITH ANOTHER PERSON, DO YOU INTEND THAT THE OTHER PERSON SHOULD INHERIT THE BALANCE IN THOSE ACCOUNT(S) UPON YOUR DEATH?
……………………….…Y / N / NOT SURE
IF YES, PLEASE SPECIFY WHICH ACCOUNT BY LAST 3 DIGITS OF ACCOUNT NUMBER:
__________________

DO YOU OWN OR ARE YOU A SUBSCRIBER TO ANY OF THE FOLLOWING:

1. PENSION (other than CPP and old age security)? If YES, provide details:

| NAME OF PENSION PLAN | CONTRACT NUMBER | CURRENT VALUE | NAME OF BENEFICIARY |
|---|---|---|---|
| | | | |
| | | | |

2. REGISTERED EDUCATION SAVINGS PLAN (RESP)? If YES, provide details:

| NAME OF BANK OR INSTITUTION | CONTRACT NUMBER | CURRENT VALUE | NAME OF BENEFICIARY | IN WHOSE NAME? |
|---|---|---|---|---|
| | | | | |
| | | | | |

3. REGISTERED DISABILITY SAVINGS PLAN (RDSP)? If YES, provide details:

| NAME OF BANK OR INSTITUTION | CONTRACT NUMBER | CURRENT VALUE | NAME OF BENEFICIARY | IN WHOSE NAME? |
|---|---|---|---|---|
| | | | | |

| | | | | |
|---|---|---|---|---|
| | | | | |

DO YOU OWN ANY OTHER TYPE OF INVESTMENTS NOT INCLUDED OR LISTED ABOVE? PLEASE CHECK ALL THAT APPLY AND LIST THEIR VALUE (ORIGINAL COST OR MARKET VALUE) AND NAMES OF REGISTERED OWNERS.

## LIABILITIES

DO YOU HAVE AN INTEREST IN A MORTGAGE, HOME LINE OF CREDIT OR AUTOMOTIVE FINANCING? If yes, please provide details (amount owing, name of mortgagee or bank, is mortgage insured).

| |
|---|
| |

DO HAVE ANY DEBTS SUCH PERSONAL LINES OF CREDIT, CREDIT CARDS, OR STUDENT LOANS? If yes, please provide details (amount owing, name of creditor, whether debt is insured or collateralized):

| |
|---|
| |

DO YOU OWE MONEY TO ANYONE PURSUANT TO A WRITTEN OR UNWRITTEN LOAN AGREEMENT? If yes, please provide details (amount owing, name of creditor, details of loan agreement):

| |
|---|
| |

ANY OTHER DEBTS NOT LISTED ABOVE? (please provide details):

| |
|---|
| |

ESTATE SUMMARY

TOTAL VALUE OF ASSETS

TOTAL VALUE OF LIABILITIES

VALUE:

NOTES:

| **WILL INSTRUCTIONS** - many of these topics are included for guiding discussion, do not worry if you do not know the answers before meeting with your lawyer. |
| --- |
| Executor(s) and trustees:<br>Name(s):<br>Address(es): |
| Compensation for executors and trustees: |
| Disposition of household goods, personal effects, jewelry, automobiles, etc.: |
| Do you wish to make a non-binding memo or list expressing your wishes for particular personal items? |
| Disposition of electronic/digital goods: |
| Disposition of your home: |
| Disposition of your cottage/other real property: |

| |
|---|
| Cash legacies (charitable, personal or sentimental): |
| Disposition of RRSPs, RIFs, TFSAs, annuities, pensions:<br><br>Review whether existing designations need to be updated or changed with financial institutions<br><br>Review requirements around LIRA if not being left to spouse |
| Disposition of the residue of the estate (this includes all money, property and belongings not specifically given to a beneficiary): |
| Trusts for spouse, minor (i.e. under 18) beneficiaries, children and other issue (i.e. grandchildren): |
| If beneficiaries are young, at what age do you want them to receive payments? |
| If beneficiaries predecease you, do you need to make alternate plans? |
| Are any potential beneficiaries disabled, receiving government benefits or likely to be receiving government benefits when they become entitled to inherit? |

| |
|---|
| **Payment of taxes:** |
| RRSPs and other assets can trigger tax obligations on death. If a specific gift is made to a named beneficiary is an asset for which the estate will have to pay income tax, should the tax be deducted from that asset or paid from the estate? |
| Are death taxes to be paid from capital without recourse to beneficiaries? Are there special provisions for beneficiaries in other jurisdictions, notably the United States? |
| Executor's powers: are executors to have broad powers for the retention, sale and investment of assets? If a trust company is named as executor, should that company have the ability to invest in its own securities? |
| **Special clauses (to be reviewed with lawyer):** |
| Guardians and custodians for children: |
| Family law clauses: |
| Exclusion of children born outside marriage: |
| Funeral, burial or other special instructions: |
| Notes: |

| POWERS OF ATTORNEY |
| --- |
| **Continuing power of attorney for property (financial):** |
| Names and addresses of person(s) you wish to appoint as attorneys: |
| If more than one person named, will they act jointly or jointly and severally (i.e. either/or): |
| Compensation for attorneys: |
| **Power of Attorney for Personal Care:** |
| Names and addresses of person(s) you wish to appoint as attorneys: |
| If more than one person named, will they act jointly or jointly and severally (i.e. either/or): |
| Are there limits or special instructions for the type of care you wish to receive, for example, do you wish to place limits on life saving treatments, life support, long term care etc., gifts to family members? |
| Compensation for attorney(s): |
| NOTES:<br>FEES: |

**Please bring the following documents (if applicable) to the first meeting with your lawyer to discuss your estate plan:**

- □ Previous will and/or powers of attorney
- □ Copy of insurance policy(s) including beneficiary designations
- □ Copy of pension agreement
- □ Copy of marriage contract, separation agreement, divorce and/or support orders
- □ Copy of bank statements for all accounts, including chequing accounts, savings accounts, investments, RESPs, RRSPs or RRIFs
- □ Copy of business agreements
- □ Photo I.D.
- □ Completed Estate Planning Questionnaire