



Personal inventory of assets and important documents

To simplify matters for members of a family, in the event one of them becomes incapacitated or dies

Protecting your estate



Desjardins
Insurance

LIFE • HEALTH • RETIREMENT

Cooperating in building the future

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

CAUTION

This document is provided for your convenience and for informational purposes only. It does not constitute advice of any kind. The general information contained herein is subject to change without notice. You should not rely only on this information for your tax planning. We strongly suggest that you consult a legal and tax representative to discuss those regulations and how this information applies to your particular circumstances with regard to your estate plan. Desjardins Insurance shall not be held responsible for any unwanted tax liability.

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NOTE

The masculine gender is used occasionally and only when necessary for readability purposes, with no discrimination intended.

Section 1

Personal information

Client

First and last names at birth:

Date of birth: MM / DD / YYYY Social insurance number:

Address:

Phone number: Cell phone number:

Email:

Marital status: Single Married Civil union Common-law No longer living with partner Legally separated
 Divorced Widowed

Spouse

First and last names at birth:

Date of birth: MM / DD / YYYY Social insurance number:

Address (if different):

Phone number: Cell phone number:

Email:

Child's

Child's first and last names at birth	Date of birth	Social insurance number

Section 2

Professional representatives and location of documents

Professional representatives

Notary

Name: _____ Telephone number: _____
Address: _____

Lawyer

Name: _____ Telephone number: _____
Address: _____

Accountant

Name: _____ Telephone number: _____
Address: _____

Physician

Name: _____ Telephone number: _____
Address: _____

Financial representative

Name: _____ Telephone number: _____
Address: _____

Location of documents

Safe or safety deposit box: Yes No

Location of key: _____

Financial institution: _____

Box number: _____

Location of document originals: _____

Location of document copies: _____

Other: _____

Section 3

Legal documents

Will Yes No

Date of last will: MM / DD / YYYY

Location of will (or copy):

Will notarized/drawn up by a notary: Yes No

Name:

Telephone number:

Address:

Executor/administrator for the estate

Name:

Telephone number:

Address:

Name:

Telephone number:

Address:

Name:

Telephone number:

Address:

Alternate executor/administrator

Name:

Telephone number:

Address:

Living will¹ Yes No

Date of living will: MM / DD / YYYY

Location of original or copy of the living will:

Living will drawn up by a lawyer: Yes No

Name:

Telephone number:

Address:

Funeral arrangements

Instructions for the funeral: Yes No

Next-of-kin will handle funeral arrangements: Yes No

Remains to be prepared for: open-casket viewing burial cremation

Other details:

Instructions are detailed: in the will in another document located: _____

¹ Also known as Mandate in Case of Incapacity/Inability, and Durable or Health Care Power of Attorney, depending on your province of residence.

Funeral arrangements (cont'd)

Pre-arranged funeral contract: Yes No

Funeral home

Name: _____ Telephone number: _____

Address: _____

Location of documents: _____

Marriage / Civil union / Common-law relationship contract

Marital status: Married Civil union Common-law

Date of marriage, civil union or start of common-law relationship: MM / DD / YYYY

Location of contract: _____

Matrimonial regime: Partnership of acquests Separation as to property Community of property

Contract drawn up by a lawyer: Yes No

Name: _____ Telephone number: _____

Address: _____

Separation or divorce decree

No longer living with partner Legally separated Divorced

Date of separation or decree: MM / DD / YYYY

Location of decree: _____

You are a widow(er)

Date of spouse's death: MM / DD / YYYY

Death certificate on hand: Yes No

Location of spouse's death certificate: _____

Birth certificate

Location of birth certificate: _____

Location of child's/children's birth certificate(s): _____

Location of the adoption order for: _____

You were not born in Canada

Location of citizenship certificate: _____

Other information: _____

Section 4

Personal documents

Life insurance and critical illness insurance policies

Broker or representative

Name:	Telephone number:
Address:	

Insurer:	Policy number:
Insurer:	Policy number:
Insurer:	Policy number:

Group insurance:

Loan insurance:

Location of life insurance policies:

Accidental death:

Life insurance coverage under the provisions of a credit card contract: Yes No

Issuer:

Life insurance coverage as a club member (e.g.: CAA): Yes No

Issuer:

Life insurance coverage as a member of another organization or association: Yes No

Issuer:

Investments and bank accounts

Bank Accounts: Yes No

Other Investments: Yes No

Financial institution or company

Name of contact person:	Telephone number:
-------------------------	-------------------

Address:

Account number:			
Category: (RRSP, TFSA's, RRIIF, LIRA, LIF, savings, chequing, mutual funds, etc.):			

Investments and bank accounts (cont'd)

Financial institution or company

Name of contact person: _____ Telephone number: _____

Address: _____

Account number: _____

Category: _____
(RRSP, TFSA's, RRIF, LIRA, LIF, savings, chequing, mutual funds, etc.):

Financial institution or company

Name of contact person: _____ Telephone number: _____

Address: _____

Account number: _____

Category: _____
(RRSP, TFSA's, RRIF, LIRA, LIF, savings, chequing, mutual funds, etc.):

Location of bank books, bank teller cards and chequebooks: _____

Location of investment documents and records: _____

Credit cards

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Debit cards

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Section 4

Personal documents

Damage insurance contracts

Home

Insurer:	Telephone number:
Address:	

Automobile

Insurer:	Telephone number:
Address:	

Other

Insurer:	Telephone number:
Address:	

Income tax returns

Accountant

Name:	Telephone number:
Address:	
Location of previous income tax returns:	

Online services accounts

Email

Email address:
User name and password:

Email address:
User name and password:

Email address:
User name and password:

Online services accounts (cont'd)

Social networks

Account 1 – Close the account? Yes No

User name and password:

Account 2 – Close the account? Yes No

User name and password:

Account 3 – Close the account? Yes No

User name and password:

Online banking services

Financial institution:

Credentials and password:

Financial institution:

Credentials and password:

Financial institution:

Credentials and password:

Section 5

Debtors, debts and financial obligations

Debtors (persons or organizations)

Debtor

Contact person: _____ Telephone number: _____
Address: _____

Debtor

Contact person: _____ Telephone number: _____
Address: _____

Debtor

Contact person: _____ Telephone number: _____
Address: _____

Location of related documents: _____

Debts and financial obligations

Line of credit Yes No

Financial institution: _____ Account number: _____

Life insurance Yes No

Location of contract: _____

Personal loans Yes No

Financial institution: _____ Account number: _____

Life insurance Yes No

Location of contract: _____

Personal loans Yes No

Financial institution: _____ Account number: _____

Life insurance Yes No

Location of contract: _____

Personal debt Yes No

Name of creditor: _____ Telephone number: _____

Address: _____

Location of document: _____

Section 6

Home and other real estate property

Personal residence

Tenant Yes No

Owner: _____ Telephone number: _____

Address: _____

Location of lease copy: _____

Sole owner of a home Yes No

Joint owner of a home Yes No

Name of co-owner: _____ Telephone number: _____

Address: _____

Location of purchase contract and other documents: _____

Mortgage on this property Yes No

Financial institution or company: _____ Account number: _____

Life insurance Yes No

Disability insurance Yes No

Location of contract: _____

Income property

Sole owner of an income property Yes No

Joint owner of an income property Yes No

Name of co-owner: _____ Telephone number: _____

Address: _____

Location of contract and other documents (leases, etc.): _____

Mortgage on this property Yes No

Financial institution or company: _____ Account number: _____

Life insurance Yes No

Disability insurance Yes No

Location of contract: _____

Section 6

Home and other real estate property

Secondary residence

Sole owner of a secondary residence Yes No

Joint owner of a secondary residence Yes No

Name of co-owner: _____ Telephone number: _____

Address: _____

Location of purchase contract and other documents: _____

Mortgage on this property Yes No

Financial institution or company: _____ Account number: _____

Life insurance Yes No

Disability insurance Yes No

Location of contract: _____



Section 7

Other **personal** effects

Inventory

Item (car, jewellery, art, etc.)	Location

Important documents (credit cards, passport, health insurance card, etc.)	Location

Choosing Desjardins...

is choosing Desjardins Group, the largest cooperative financial group in Canada, whose **financial stability is recognized** by the following credit ratings which are comparable, if not superior to those of the five largest Canadian banks and insurance companies:

- Standard and Poor's A+
- Moody's Aa2
- Dominion Bond Rating Service AA
- Fitch AA-

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Desjardins Insurance refers to Desjardins
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