

# **PLANNING YOUR WILL GUIDE**

# WILLS AND POWERS OF ATTORNEY

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### WHY DO WE ASK FOR PERSONAL INFORMATION?

In this form, we ask for personal information about you, your family members and potential beneficiaries. We also ask for a list of your assets and liabilities.

We do this for several reasons-we assess the information you provide to us to determine if there are any special issues that may require discussion and advice, we review the list of assets and liabilities to determine if we should be suggesting that you take advantage of various tax and probate planning mechanisms to save your estate money, and finally, to assist us with the spelling of names and the recording of birthdates, etc.

Please be assured that the information that you provide to us is used to provide you with the best possible service and advice.

If you have any difficulties in completing this questionnaire we will be happy to discuss it with you, either before you come in or during our first meeting.

### SECTION "A": PERSONAL INFORMATION

1.	Full Name	
2.	Have you ever been known under any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, give names and explain:
3.	Daytime telephone number	
4.	e-mail address	
5.	How would you like us to send you draft documents (fax, e-mail or mail)?	<input type="checkbox"/> fax no: _____ <input type="checkbox"/> e-mail <input type="checkbox"/> home address, other: _____ _____
6.	Address	

7.	Any plans to locate to another province or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?
8.	Marital Status (please tick as appropriate)	<input type="checkbox"/> Married      Date of Marriage: _____ Name of Spouse: _____ Spouse's Date of Birth: _____ Spouse's address: _____  <input type="checkbox"/> Divorced      Date of Divorce? _____ <input type="checkbox"/> Separated      Separation Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No *if you are a party to a separation agreement, please bring a copy of the separation agreement with you to our meeting <input type="checkbox"/> Single <input type="checkbox"/> Living with someone      For how long? _____ <input type="checkbox"/> Widowed <input type="checkbox"/> Other      Specify: _____
9.	Have you been married more than once?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide us with a copy of your decree nisi, decree absolute or separation agreement or court order(s).
10.	Are you a party to a marriage contract or a co-habitation agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide us with a copy.
11.	Do you already have a Will? If you already have a Will, please tell us who prepared it, and where it is held. If you have a copy, please bring it to the interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you receive benefits from the <i>Ontario Disability Support Programme</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Citizenship (including dual citizenship)	<input type="checkbox"/> Canadian <input type="checkbox"/> Other _____ <input type="checkbox"/> United States
14.	Residence for income tax purposes:	<input type="checkbox"/> Canadian <input type="checkbox"/> Other _____ <input type="checkbox"/> United States

<p>15.</p>	<p>Do you have any children (please include any child born to you, adopted, and individuals that you consider as your child (step-child or other))?</p>	<p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p> <p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p> <p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p> <p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p>
<p>16.</p>	<p>Do you have any grandchildren (please include any biological grandchildren, adopted grandchildren or anyone that you may wish to consider as a grandchild (step-grandchildren, etc.).</p>	<p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p> <p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p> <p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p> <p>Child's full name: _____          Child's date of Birth: _____          Child's address: _____          Child's citizenship: _____</p>

17.	Do you have any dependants (minor children, adult children, parents, siblings or others to whom you offer some form of assistance (not just financial))?	<input type="checkbox"/> Yes:      Name: _____ Relationship: _____ Explain Nature of Support: _____ _____
18.	Are any of your children, grandchildren, dependants or others who might receive a benefit under your Will disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do they receive benefits from the <i>Ontario Disability Support Programme</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Are you presently named as a beneficiary of an estate or trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide particulars: _____ _____
20.	Have you set up a trust to benefit another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide particulars: _____ _____
21.	Do you and your spouse have a marriage contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide particulars: _____ _____ Please bring a copy to the initial interview.
22.	Are you an executor or trustee of any estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide particulars: _____ _____
23.	Do you have your own accountant or life insurance agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide particulars: _____ _____

24.	Do you own an interest in a business (ie. do you operate your own business as a sole proprietorship, are you a partner or do you hold shares in a small business corporation?)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide particulars: _____ _____  Please provide us with any copies of business agreements that you may have (shareholder agreements, partnership agreements, etc.)
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**SECTION "B": FINANCIAL INFORMATION**

1.	Do you own a home?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes:  Location: _____ Value: _____ Original Cost: _____
2.	Do you own a cottage?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes:  Location: _____ Value: _____ Original Cost: _____
3.	Do you own any other real estate including real estate located in or out of Ontario (property in Florida, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes:  Location: _____ Value: _____ Original Cost: _____

4.	Bank Accounts	<p>Name of Bank: _____ Address of Bank: _____ Names on Account: _____ Average Balance: _____</p> <p>Name of Bank: _____ Address of Bank: _____ Names on Account: _____ Average Balance: _____</p> <p>Name of Bank: _____ Address of Bank: _____ Names on Account: _____ Average Balance: _____</p>
5.	Safety Deposit Box?	<p>Name of Bank: _____ Address of Bank: _____ Names on Account: _____</p>

<p>6.</p>	<p>Life Insurance</p>	<p>Name of Company: _____  Policy Number: _____  Type of Plan   <input type="checkbox"/> Group            <input type="checkbox"/> Private                            <input type="checkbox"/> Other  Named Beneficiary: _____  Value: _____  In place because of the requirements of a court order or  other agreement?   <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>Name of Company: _____  Policy Number: _____  Type of Plan   <input type="checkbox"/> Group            <input type="checkbox"/> Private                            <input type="checkbox"/> Other  Named Beneficiary: _____  Value: _____  In place because of the requirements of a court order or  other agreement?   <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>Name of Company: _____  Policy Number: _____  Type of Plan   <input type="checkbox"/> Group            <input type="checkbox"/> Private                            <input type="checkbox"/> Other  Named Beneficiary: _____  Value: _____  In place because of the requirements of a court order or  other agreement?   <input type="checkbox"/> Yes            <input type="checkbox"/> No</p>
<p>7.</p>	<p>RRSPs, RRIFs, Pensions and Annuities</p>	<p>Name of Company: _____  Contract Number: _____  Type of Plan   <input type="checkbox"/> RRSP            <input type="checkbox"/> RRIF                            <input type="checkbox"/> Pension            <input type="checkbox"/> Annuity  Named Beneficiary: _____  Value: _____</p> <p>Name of Company: _____  Contract Number: _____  Type of Plan   <input type="checkbox"/> RRSP            <input type="checkbox"/> RRIF                            <input type="checkbox"/> Pension            <input type="checkbox"/> Annuity  Named Beneficiary: _____  Value: _____</p>



8.	Does anybody owe you money (including mortgages, promissory notes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Investments	Please list all stocks and/or bonds and their original cost and estimated market values: _____ _____ _____
10.	Mortgages payable by you	Amount owing: _____ Name of Mortgagee: _____ Life insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Other debts	_____ _____ _____
12.	Total Value of Assets (including life insurance, RRSP's, RRIF's, etc.)	
13.	Total value of Liabilities	
14.	Estimated Net Value of Estate:	