Personal and Financial Information Form (for Canadians)

IMPORTANT - This document contains HIGHLY sensitive personal information and it is extremely important that it is secure. The BEST option would be to input all details in a Password Management Service (i.e.., LastPass, PasswordBox, etc.) which also allows you to establish Legacy/Executor access.

Alternatively, save this form with an extremely strong password on a flash drive, ensure your executor/personal representative knows the password and location (store with your will, personal directives and other legal documentations).

TIP - YEARLY, update this Information and remind your executor of it's whereabouts.

	Personal Info	rmation	
Date Prepared:			
My Name:			
Full Legal Name:			
Maiden Name:			
Previous Name:			
Mailing Address:			
Phone:		Cell:	
Date of Birth:		Place of Birth:	
Occupation (if retired, occup	ation before retirement):		
Marital Status:		Citizenship:	
Other Citizenships:			
Father's Legal Name	AAADIE		
Father's Maiden Name, if	ipplicablé:		
Father's Date of Birth:		Father's Place of Birth:	
Mother's Legal Name:			
Mother's Maiden Name:			
Mother's Date of Birth:		Mother's Place of Birth:	
Identification:			
SIN:		Location:	
Health Card Number:		Province:	
Health Card Location:			
Passport Number:		Country:	
Passport Location:			
Driver's License Number:		Province:	
Driver's Licence Location:			
My Spouse:			
Legal Name:			
Maiden Name:			
Phone:		Email:	
Address:			
Date of Birth:		Place of Birth:	
Occupation (if retired, occup	ation before retirement):		
Spouse's Ex-Spouse Name:			
Citizenships:			
If Deceased, Date of Death		Place of Death:	
Location of Will & Funeral Di	rectors Certificate of Death:		

My Ex	-Spouse:			
	Legal Name:			
	Maiden Name:			
	Phone:		Email:	
	Address:			
	Date of Birth:		Place of Birth:	
	Occupation (if retired, occu	upation before retirement):		
	Spouse's Ex-Spouse Name) * •		
	Citizenships:			
	If Deceased, Date of Dea	th:	Place of Death:	
	Location of Will & Funeral	Directors Certificate of Death:		
	Ch	ildren, Guardianships	s, Custodians, Pets	
Name	0		Relationship:	
	Address:			
	Phone:		Email:	
	Parents:			
	Proposed Guardian:			
Name	0	•	Relationship:	
	Address:			
	Phone:		Email:	
	Parents:			
	Proposed Guardian:			
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	Parents:			
	Proposed Guardian:			1
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	Phone:		Email:	
	Parents:			
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	Pet Name:		Proposed Guardian:	
	Pet Name: Pet Name:		Proposed Guardian:	
	Pet Name:		Proposed Guardian: Proposed Guardian:	
	Pet Name:		Proposed Guardian:	
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		(Private Companies,	Partnerships, Sole Pi	roprietorships)
	Business Name:		Al .	
		Partnership, Sole Proprietor		1
	Percentage I Own:		Alternative Contact:	
1	Alt. Contact Position:		Altomotive Feetle	1
	Alternative Phone:		Alternative Email:	
	My wishes after I'm gone	•		
	Insurance Company: Policy Number:		Phone:	
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	Business Name:			
		Partnership, Sole Proprietor		
	Percentage I Own:		Alternative Contact:	
2	Alt. Contact Position:			
	Alternative Phone:		Alternative Email:	
	My wishes after I'm gone:		-	•
	Insurance Company:			
	Policy Number:		Phone:	
	Business Name:		•	•
		Partnership, Sole Proprietor		
	Percentage I Own:		Alternative Contact:	
2	Alt. Contact Position:			•
3	Alternative Phone:		Alternative Email:	
	My wishes after I'm gone:		•	•
	Insurance Company:			
	Policy Number:		Phone:	
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Bank	Location:	, , ,	Phone:	
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	If Originals are at the Law	vvers. Name of Lawver	, VIIL I	
	Location of Copies:	y - may - william to 1 - Manyon 1	·	
Date	of Will:			
	of Personal Directive:			
	f Enduring Power of Attorney			
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	Type of Casket/Urn:			
	Church, Funeral Home or	Fratornal Corvice:	<u> </u>	
	Embalming (Y/N):	Tracernal service:	Open Casket (Y/N):	1
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	If Contributions in Lie of Pallbearers:	I towers, to willer	<u> </u>	
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	Special Groups/Association	אווא נט ווועונפ:	1	

Other Special Wishes for my Funeral (Cl	lothing, favourite poems, jewelry, music, etc.:
ne of Cemetery:	
Phone:	Address:
Prepaid Y/N:	Certificate Number:
Location of Certificate:	certificate Number.
Special Notes:	
Special Notes.	
Professional Associ	iations, Memberships, Unions, etc.
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Contact:	Contact Phone:
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Contact:	Contact Phone:
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Evacutors/Parsonal P	aprecentatives as Detailed in my Will
Executors/Personal R	epresentatives as Detailed in my Will
	Relationship:
Phone:	Date of Birth:
Email:	
Address:	
Compensation (indicate \$ amount or %)):
	Relationship:
Phone:	Date of Birth:
Email:	<u> </u>
Address:	
Compensation (indicate \$ amount or %)	
compensation (indicate 3 amount of %)	Relationship:
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Phone:	Date of Birth:
Email:	
Address:	
Compensation (indicate \$ amount or %)):

	Main Bei	neficiaries as Detailed in my Will
	Name:	Relationship:
1	Phone:	Date of Birth:
1	Email:	
	Address:	
	Name:	Relationship:
2	Phone:	Date of Birth:
_	Email:	
	Address:	
	Name:	Relationship:
3	Phone:	Date of Birth:
	Email:	
	Address:	
	Name:	Relationship:
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	Address:	
	Name:	Relationship:
5	Phone:	Date of Birth:
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Life Insurance (Y/N):	Disability Insurance (Y/N):
Medical Insurance (Y/N):	Dental Insurance (Y/N):
Out of Country (Y/N):	Other:
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