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 Information

Date Prepared:			
My Name:			
Full Legal Name:			
Maiden Name:			
Previous Name:			
Mailing Address:			
Phone:		Cell:	
Date of Birth:		Place of Birth:	
Occupation (if retired, occupation before retirement):			
Marital Status:		Citizenship:	
Other Citizenships:			
Father's Legal Name:			
Father's Maiden Name, if applicable:			
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, occupation before retirement):			
Spouse's Ex-Spouse Name:			
Citizenships:			
If Deceased, Date of Death:		Place of Death:	
Location of Will & Funeral Directors Certificate of Death:			

SAMPLE ONLY

My Ex-Spouse:			
Legal Name:			
Maiden Name:			
Phone:		Email:	
Address:			
Date of Birth:		Place of Birth:	
Occupation (if retired, occupation before retirement):			
Spouse's Ex-Spouse Name:			
Citizenships:			
If Deceased, Date of Death:		Place of Death:	
Location of Will & Funeral Directors Certificate of Death:			

Children, Guardianships, Custodians, Pets			
Name:		Relationship:	
Address:			
Phone:		Email:	
Parents:			
Proposed Guardian:			
Name:		Relationship:	
Address:			
Phone:		Email:	
Parents:			
Proposed Guardian:			
Name:		Relationship:	
Address:			
Phone:		Email:	
Parents:			
Proposed Guardian:			
Name:		Relationship:	
Address:			
Phone:		Email:	
Parents:			
Proposed Guardian:			
Pets Veterinarian:		Veterinarian Phone:	
Pet Name:		Proposed Guardian:	
Pet Name:		Proposed Guardian:	
Pet Name:		Proposed Guardian:	
Pet Name:		Proposed Guardian:	

SAMPLE ONLY

Business Interests (Private Companies, Partnerships, Sole Proprietorships)				
1	Business Name:			
	Type (Private Company, Partnership, Sole Proprietor)			
	Percentage I Own:		Alternative Contact:	
	Alt. Contact Position:			
	Alternative Phone:		Alternative Email:	
	My wishes after I'm gone:			
	Insurance Company:			
	Policy Number:		Phone:	

2	Business Name:			
	Type (Private Company, Partnership, Sole Proprietor)			
	Percentage I Own:		Alternative Contact:	
	Alt. Contact Position:			
	Alternative Phone:		Alternative Email:	
	My wishes after I'm gone:			
	Insurance Company:			
	Policy Number:		Phone:	
3	Business Name:			
	Type (Private Company, Partnership, Sole Proprietor)			
	Percentage I Own:		Alternative Contact:	
	Alt. Contact Position:			
	Alternative Phone:		Alternative Email:	
	My wishes after I'm gone:			
	Insurance Company:			
	Policy Number:		Phone:	

Safety Deposit Box			
Bank Location:		Phone:	
Box Number:			
Key is kept:			

Will, Personal Directive, Enduring Power of Attorney			
Location of Originals:			
If Originals are at the Lawyers, Name of Lawyer:			
Location of Copies:			
Date of Will:			
Date of Personal Directive:			
Date of Enduring Power of Attorney:			

SAMPLE ONLY

My Final Resting Place (ensure this information is stored with your will)			
Casket or Cremation:			
Name of Funeral Home:			
Phone:		Address:	
Prepaid Y/N:		Certificate Number:	
Location of Certificate:			
Type of Casket/Urn:			
Church, Funeral Home or Fraternal Service:			
Embalming (Y/N):		Open Casket (Y/N):	
Eulogy By:		Favourite Flowers:	
If Contributions in Lie of Flowers, to which			
Pallbearers:			
Special Groups/Associations to Invite:			

Other Special Wishes for my Funeral (clothing, favourite poems, jewelry, music, etc.:			
Name of Cemetery:			
Phone:		Address:	
Prepaid Y/N:		Certificate Number:	
Location of Certificate:			
Special Notes:			

Professional Associations, Memberships, Unions, etc.				
Name:				
	Contact:		Contact Phone:	
Name:				
	Contact:		Contact Phone:	
Name:				
	Contact:		Contact Phone:	
Name:				
	Contact:		Contact Phone:	

SAMPLE ONLY

Executors/Personal Representatives as Detailed in my Will				
1			Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			
	Compensation (indicate $ amount or %):			
2			Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			
	Compensation (indicate $ amount or %):			
3			Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			
	Compensation (indicate $ amount or %):			

Main Beneficiaries as Detailed in my Will				
1	Name:		Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			
2	Name:		Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			
3	Name:		Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			
4	Name:		Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			
5	Name:		Relationship:	
	Phone:		Date of Birth:	
	Email:			
	Address:			

Professionals I Deal With			
Lawyer's Name/Firm:			
Phone:		Email:	
Address:			
Lawyer's Name/Firm:			
Phone:		Email:	
Address:			
Accountant's Name/Firm:			
Phone:		Email:	
Address:			
Accountant's Name/Firm:			
Phone:		Email:	
Address:			
Doctor's Name/Firm:			
Phone:		Email:	
Address:			
Doctor's Name/Firm:			
Phone:		Email:	
Address:			

SAMPLE ONLY

Tax Returns	
My Tax Returns are Located:	
Receipts for this Year are Located:	

Employer:				
	Contact Name:		Contact Phone:	
	Addre			
	Phone			
	Benef			
	Plan n			
	Life In			
	Medic			
	Out of			
Employer:				
	Conta			
	Addre			
	Phone:		Email:	
	Benefits (Y/N)		Benefit Company:	
	Plan Number:		Member Number:	
	Life Insurance (Y/N):		Disability Insurance (Y/N):	
	Medical Insurance (Y/N):		Dental Insurance (Y/N):	
	Out of Country (Y/N):		Other:	

All 15 pages of information is available for a nominal fee. Please contact us for more information. Once purchased, we will provide the electronic copy so you can complete and save in a secure manner.

PLEASE PLEASE PLEASE, do not manually complete this form and leave accessible in your residence or you will be at high risk for identify theft.

Life Insurance Amount:			Policy Number:	
	Insurance Company:			
	Contact Name:		Phone:	
	Named Beneficiary:			
Life Insurance Amount:			Policy Number:	
	Insurance Company:			
	Contact Name:		Phone:	
	Named Beneficiary:			
Life Insurance Amount:			Policy Number:	
	Insurance Company:			
	Contact Name:		Phone:	
	Named Beneficiary:			
Misc. Item with Insurance:				
	Location of Item:		Amount of Insurance:	
	Insurance Company:		Policy Number:	
	Contact Name:		Phone:	
Misc. Item with Insurance:				
	Location of Item:		Amount of Insurance:	
	Insurance Company:		Policy Number:	
	Contact Name:		Phone:	
Misc. Item with Insurance:				
	Location of Item:		Amount of Insurance:	
	Insurance Company:		Policy Number:	
	Contact Name:		Phone:	

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