

\$9.99

# Financial & Estate Planner

BRITISH COLUMBIA

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## Why should I complete this planner ?

Media reports place the value of abandoned investments in Canada in excess of five billion dollars. Additionally, there are untold numbers of families that suffer hardship when their loved one passes away without clear direction as to how their affairs are to be conducted in disability, dying or after death.

## When should I complete this planner ?

The Financial & Estate Planner (FE Planner) should be completed when you turn the age of majority, updated before you cohabit and reviewed after each year of cohabitation.

## How does property pass when I do?

**(A) Joint Ownership** – assets (owned outside of RRSPs, RRIFs, life insurance products, pension plans and TFSAs) that can be owned in more than one name (not those that can be beneficially designated).

Real Estate			
Legal Description	In Whose Name(s)	Joint Tenants: YES / NO	Value

Banking			
Chequing Accounts			
Bank	In Whose Name(s)	Account Number	Value

Savings Accounts			
Bank	Location of Books	Account Number	Value

Safety Deposit Box			
Bank	In Whose Name(s)	Box Number	Key is Kept Where

Mutual Funds (Outside RRSPs/RRIFs)			
Institution	In Whose Name(s)	Number	Value

Guaranteed Investment Certificate(s)			
Institution	In Whose Name(s)	Number	Value

### Term Deposits (Outside RRSPs/RRIFs)

Institution	In Whose Name(s)	Number	Value

### Investment Accounts (Outside RRSPs/RRIFs)

Bank	In Whose Name(s)	Number	Value

### Annuity Contracts (Outside RRSPs/RRIFs)

Institution	In Whose Name(s)	Number	Value

### Bonds

Legal Description	In Whose Name(s)	Number	Value

Share(s), Equity in Organization(s), Membership(s)		
Corporate Name	In Whose Name(s)	Kept Where

Vehicle(s) That Can Be Registered			
Make	Model	Serial Number	In Whose Name(s)

**(B) Beneficial Designation** – assets owned in one name that allow named beneficiaries.

Life Insurance Owned on Your Life			
Company, Name & Address of Agent	Location of Policy	Amount	Designated To

## Life Insurance Owned on Others

Company, Name & Address of Agent	Who is Insured?	Location of Policy	Amount	CO. / Personal

## Policies Others Own on You

Company, Name & Address of Agent	Location of Policy	Amount	Designated To

## Disability Insurance

Company, Name & Address of Agent	Location of Policy	Amount	Designated To

## Critical Illness

Company, Name & Address of Agent	Location of Policy	Amount	Designated To



## Hospital and Medical Insurance

Company, Name & Address of Agent	Location of Policy	Amount	Designated To

## Travel Insurance

Company, Name & Address of Agent	Location of Policy	Amount	Designated To

## Registered Retirement Savings Plan(s) / Registered Retirement Income Funds

Institution	Amount	Account Number	Designated To

## Registered Education Savings Plan(s)

Institution	Amount	Account Number	Designated To

### Registered Disability Savings Plan(s)

Institution	Amount	Registration Number	Designated To

### Deferred Profit Sharing Plan(s)

Institution	Amount	Registration Number	Designated To

### Tax Free Savings Account(s)

Institution	Amount	Registration Number	Designated To

### Pension Plan(s)

Name of Plan / Location	Amount	Registration Number	Designated To



Agri-Invest Account(s)			
Comapny, Name & Address	Amount	Account Number	Designated To

Canada Savings Bond(s)			
Institution	Amount	Registration Number	Designated To

**(C) Trusts** – benefits held by trustees in favour of one or more beneficiaries (include informal or testamentary trusts)

Institution			
Amount		Terms	
Institution			
Amount		Terms	
Institution			
Amount		Terms	

## What else do your trusted people need to know?

People who owe you money			
Name	Amount	Terms	Date Loaned

Rent/Mortgage Payment(s)		
Institution/Payee	Amount	Maturity / End of Lease Date

Loan(s)/Line(s) of Credit/Credit Card(s)/Guarantee(s)			
Institution	Approx. Balance	Mo. Payment	Maturity

Contractual Obligation(s)	
Name	Contact Address

Charitable Gift(s)		
Name / Address	Frequency	Amount

Auto Lease(s)			
Name / Address	Amount	Frequency	Maturity

Support/Maintenance? Other Financial Obligation(s)		
Name	Amount	Court Order or Agreement Date

Sentimental Gifts / Gift of Articles			
What			
Where		Who Should Receive it	
What			
Where		Who Should Receive it	
What			
Where		Who Should Receive it	
What			
Where		Who Should Receive it	
What			
Where		Who Should Receive it	
What			
Where		Who Should Receive it	
What			
Where		Who Should Receive it	

**Are you a Trustee, Power of Attorney, or a Representative (by Agreement) for any other person? Provide details below**


**Passwords (How can they be located)**


**Social Media (which outlets and how to close)**


After Death Wishes						
Preferred funeral director						
Place of service						
Type of service						
Clergyman or lay person						
Preferred casket						
Glasses	Remove	Yes	No	Leave on	No	
Jewelry	Leave to Family	Yes	No	Leave on	No	
Clothing	Purchased	Yes	No	Leave on	No	
Pallbearers						
Special requests / Music						
Lodge, Society or Fraternal Organization						
Information for the Newspapers/Obituary						
Education						

Information about Employment

Religious Affiliations

Clubs and Lodges

Military Record

Memorial Donations (in lieu of flowers or other gifts)

Non-Profit Organizations

Location of Other Important Documents			
Your social insurance (S.I.N.) card:			
Spouse's or partner's birth certificate			
Your spouse's/partner's social insurance card			
Children's birth certificate			
Marriage license			
Medical records			
Physician's name		Phone	
Physician's name		Phone	
Citizenship and passport papers			
Income tax returns			
Custody/adoption papers			
Pre-nuptial/cohabitation papers			
Separation/divorce papers			
Driver's license			
Bank machine cards			
Pension plan documents			
Credit and other cards			
Stock certificates			
Utilities			
Other			
Other			
Other			
Other			
Other			
Other			



## Who should complete this planner?

This FE Planner can be completed by the individual making the plan or with one or more trusted advisors.

First Name	
Middle Name	
Last Name	
Res. Address	
Bus. Address	
Phone Numbers	
Occupation	
Email	
SIN #	
Date of Birth	Place of Birth
Marital Status	
If Common-Law, how many years	

First Name	
Middle Name	
Last Name	
Res. Address	
Bus. Address	
Phone Numbers	
Occupation	
Email	
SIN #	
Date of Birth	Place of Birth
Marital Status	
If Common-Law, how many years	

Family				
Spouse, widow or widower of				
Name				
Place of Death		Date of Death		
Your children				
1	Full Name		Natural, Adopted or Step Child?	
Address				
Yours/Spouse/Both		Date of Birth	Occupation	
2	Full Name		Natural, Adopted or Step Child?	
Address				
Yours/Spouse/Both		Date of Birth	Occupation	
3	Full Name		Natural, Adopted or Step Child?	
Address				
Yours/Spouse/Both		Date of Birth	Occupation	
4	Full Name		Natural, Adopted or Step Child?	
Address				
Yours/Spouse/Both		Date of Birth	Occupation	
5	Full Name		Natural, Adopted or Step Child?	
Address				
Yours/Spouse/Both		Date of Birth	Occupation	
6	Full Name		Natural, Adopted or Step Child?	
Address				
Yours/Spouse/Both		Date of Birth	Occupation	
7	Full Name		Natural, Adopted or Step Child?	
Address				
Yours/Spouse/Both		Date of Birth	Occupation	

### Parents and their places of residence

Full Names	Occupation	Date of Birth	Address

### Siblings and their places of residence

Full Names	Occupation	Date of Birth	Address

### Name of your accountant

Name	Address	Contact

### Name of your lawyer/notary

Name	Address	Contact

### Name of your wealth management or financial planner

Name	Address	Contact

## Intake / ID Verification

<b>Name</b> (first,mid,last)		<b>Name</b> (first,mid,last)	
<b>Res. Address</b>		<b>Res. Address</b>	
<b>Phone Numbers</b>		<b>Phone Numbers</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>Email</b>		<b>Email</b>	
<b>SIN</b> (only required for real estate)		<b>SIN</b> (only required for real estate)	

<input type="checkbox"/> <b>Driver's Licence</b>	<input type="checkbox"/> <b>Birth Certificate</b>	<input type="checkbox"/> <b>Provincial Health Care Card</b>	<input type="checkbox"/> <b>Passport</b>
<input type="checkbox"/> <b>Other (specify):</b>	How did you hear about us?   word of mouth   website   referred by: _____.		

Original document reviewed – copy attached

Date Identity Verified: \_\_\_\_\_ Lawyer/Staff: \_\_\_\_\_

File Number: \_\_\_\_\_ Signature Lawyer/Staff: \_\_\_\_\_

Signature of Client/ 3rd party: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client/ 3rd party: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement

At CR Lawyers, we recognize the importance of privacy and the sensitivity of the personal information we receive from our clients. In providing you with advice or representation, we must collect, use and disclose your personal information. However, we will only do so when it is necessary to provide you with the legal or notarial services you have requested from us.

As lawyers and notaries, we have a legal, professional and moral obligation to keep all of our clients' information confidential. Therefore, over the years we have developed policies and procedures and have trained our lawyers, notaries and support staff to manage and safeguard your privacy.

### IF YOU ARE PREPARING ESTATE PLANNING DOCUMENTS, DO YOU:

- |   |     |    |
|---|-----|----|
| 1. Understand the nature of a Will and its effects on claimants ?   | YES | NO |
| 2. Understand the extent of your estate?  | YES | NO |
| 3. Understand the claims to which you ought to give effect to?  | YES | NO |
| 4. Have ability to rationally balance competing claims you ought to give effect to?                             | YES | NO |
| 5. Think you are free of delusions that may affect the foregoing decisions?                                     | YES | NO |
| 6. Have the requisite capacity to give instructions?  | YES | NO |
| 7. Understand you must have capacity at both the time of giving instructions and when the instrument is signed? | YES | NO |

## Summary of Instruction

### Incapacity - Financial / Legal

#### (A) ENDURING POWERS OF ATTORNEY Y / N

(a) Springing / Immediate

(b) Spouse (i) Y / N

1st Alt (ii) \_\_\_\_\_

or of \_\_\_\_\_ occupation: \_\_\_\_\_

2nd Alt (iii) \_\_\_\_\_

of \_\_\_\_\_ occupation: \_\_\_\_\_

Alternates acting together ( ) or separate ( )

### Incapacity - Medical

#### (A) REPRESENTATION AGREEMENTS Y / N

(a) As Above Y / N OR

Spouse (i) Y / N

1st Alt (ii) \_\_\_\_\_

or of \_\_\_\_\_

2nd Alt (iii) \_\_\_\_\_

of \_\_\_\_\_

(B) ADVANCE DIRECTIVES - Consult a doctor

### After Death (Will)

#### (A) JOINT OWNERSHIP

#### (B) BENEFICIAL DESIGNATION

##### (i) PRIMARY

☐ H ☐ W \_\_\_\_\_

##### (ii) CONTINGENT

☐ C1 ☐ C2 ☐ C3 \_\_\_\_\_

☐ GC1 ☐ GC2 \_\_\_\_\_

#### (C) TRUSTS

(a) WHILE ALIVE (b) AFTER DEATH

#### (D) WILL

##### (1) EXECUTORS

(a) As Above Y / N OR

Spouse (i) Y / N

1st Alt (ii) \_\_\_\_\_

or of \_\_\_\_\_

2nd Alt (iii) \_\_\_\_\_

of \_\_\_\_\_

##### (2) GUARDIANS

Previous Marriage Y / N

Children of Current Marriage Y / N

Joint (i) \_\_\_\_\_

or of \_\_\_\_\_

Alternate (ii) \_\_\_\_\_

of \_\_\_\_\_

##### (3) ORGAN DONATION Y / N

##### (4) REMAINS Cremation Burial

##### (5) SPECIFIC BEQUESTS & TRUSTS

Prepaid Y / N

Spouse Y / N Dependant Adult Y / N

Minor/Age of Majority (21 - 25) Y / N

Charity/Other Y / N

Who pays tax? (Estate unless specified)

##### (6) RESIDUE

Joint (i) \_\_\_\_\_

or of \_\_\_\_\_

Alternate (ii) \_\_\_\_\_

of \_\_\_\_\_

(iii) \_\_\_\_\_

of \_\_\_\_\_

##### (7) COMMON DISASTER

Joint (i) \_\_\_\_\_

or of \_\_\_\_\_

Alternate (ii) \_\_\_\_\_

of \_\_\_\_\_

##### (8) STORAGE PLACE

Address (required) \_\_\_\_\_

##### (9) BIRTH PLACE(S) \_\_\_\_\_

#### NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_