



WILL PLANNING GUIDE

A Helpful Guide to Preparing
A Personal Financial Overview and Will

PERSONAL INFORMATION

Please PRINT clearly.

Legal Name: _____

Do you have a Will? Yes No Date of current Will: *MM / DD / YY*

Apt., Street No. & Name (If rural give exact location, not Post Office or Rural Route Address.)

Residence: _____

Borough, City, Town, Village, Township by name. Regional Municipality, County or District.

City: _____

Province: _____

Country: _____

Postal Code: _____

Phone Number: _____

Marital Status: Single Married Divorced Widowed Common Law
 Other (specify) _____

Social Insurance Number: _____

MM / DD / YY

Date of Birth: _____

Age: _____

City/Place

Country of Birth

Birth Place: _____

Surname and all Given Names

Father: _____

City

Province

Country

Birth Place: _____

Surname and all Given Names

Mother: _____

City

Province

Country

Birth Place: _____

Spouse's Legal Name

Spouse: _____

Apt., Street Number & Name

Address: _____

Borough, City, Town, Village, Township by name. Regional Municipality, County or District.

Province: _____

Country: _____

Postal Code: _____

Development Office
271 Spadina Road,
Toronto, Ontario
M5R 2V3

Phone: (416)928-2500 x326
TTY: (416)928-2550 x326
Fax: (416)928-2506
E-mail: giving@chs.ca
Web site: www.chs.ca

Charitable Registration Number:
10684 6926 RR0001



LIFE INSURANCE

I carry Life Insurance Policies as noted below:

Name of Company: _____

Name of Agent: _____

Policy Number: _____

Policy Amount: _____

Beneficiary: _____

Name of Company: _____

Name of Agent: _____

Policy Number: _____

Policy Amount: _____

Beneficiary: _____

Name of Company: _____

Name of Agent: _____

Policy Number: _____

Policy Amount: _____

Beneficiary: _____

GROUP LIFE INSURANCE

My Group Life Insurance is carried by my employer:

Name of Employer: _____

Policy Amount: _____

Department: _____

Contact (if known): _____

Phone Number: _____

PENSION PLANS

I participate in a Pension Plan which my Employer carries

I do not participate in any Company Pension Plan



FINANCIAL INSTITUTIONS

I have Accounts as listed below:

Name of Financial Institution: _____

Chequing Account

Account Number: _____

Savings Account

Unit, Street No. & Name

City

Branch Address: _____

Province: _____

Country: _____

Postal Code: _____

Name of Financial Institution: _____

Chequing Account

Account Number: _____

Savings Account

Unit, Street No. & Name

City

Branch Address: _____

Province: _____

Country: _____

Postal Code: _____

If more space needed, go to NOTES on page 11.

REGISTERED PLANS — RRSP/RRIF

Institution: _____

Value: _____

Plan Number: _____

Unit, Street No. & Name

City

Address: _____

Province: _____

Country: _____

Postal Code: _____

Contact: _____

Institution: _____

Value: _____

Plan Number: _____

Unit, Street No. & Name

City

Address: _____

Province: _____

Country: _____

Postal Code: _____

Contact: _____

If more space needed, go to NOTES on page 11.



REGISTERED HOME OWNER'S/EDUCATION SAVINGS PLANS

Institution: _____ **Value:** _____

Plan Number: _____

Unit, Street No. & Name

City

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____

Contact: _____

If more space needed, go to NOTES on page 11.

GOVERNMENT SAVINGS PLANS

Canada Pension **Effective Date:** _____ **Annual Amount:** _____

Old Age Security **Effective Date:** _____ **Annual Amount:** _____

REAL PROPERTY

I have the following Real Property [land, building(s), automobile(s), boat(s)]:

RESIDENCE

Apt., Street No. & Name: _____ *City* _____

Province: _____ *Country:* _____ *Postal Code:* _____

COTTAGE

Street No. & Name: _____ *City* _____

Province: _____ *Country:* _____ *Postal Code:* _____

BUSINESS AND/OR RENTAL PROPERTY

Unit, Street No. & Name: _____ *City* _____

Province: _____ *Country:* _____ *Postal Code:* _____

AUTOMOBILES AND/OR BOATS

FURNITURE

JEWELLERY

OTHER:



COLLECTIONS

I am a Collector. This collection should be evaluated by a proper appraiser.

I collect: _____

Collection held at: _____

Appraised by: _____

Appraisal Date: _____

I collect: _____

Collection held at: _____

Appraised by: _____

Appraisal Date: _____

INVESTMENTS

I have the following investments:

ANNUITIES

Amount: \$ _____

Ownership: Sole Joint

Location: _____

Name of Joint Owner: _____

Relation: _____

Apt., Street No. & Name

City

Address: _____

Province: _____

Country: _____

Postal Code: _____

BONDS

Amount: \$ _____

Ownership: Sole Joint

Location: _____

Name of Joint Owner: _____

Relation: _____

Apt., Street No. & Name

City

Address: _____

Province: _____

Country: _____

Postal Code: _____

(Continued next page)

**CERTIFICATES**

Amount: \$ _____ Ownership: Sole Joint

Location: _____

Name of Joint Owner: _____

Relation: _____

Apt., Street No. & Name

City

Address: _____

Province: _____

Country: _____

Postal Code: _____

MUTUAL FUNDS

Amount: \$ _____ Ownership: Sole Joint

Location: _____

Name of Joint Owner: _____

Relation: _____

Apt., Street No. & Name

City

Address: _____

Province: _____

Country: _____

Postal Code: _____

STOCK PORTFOLIO

Amount: \$ _____ Ownership: Sole Joint

Location: _____

Name of Joint Owner: _____

Apt., Street No. & Name

City

Address: _____

Province: _____

Country: _____

Postal Code: _____

LIABILITIES**CREDIT CARDS**

Name of Company: _____

Account Number: _____

Expiry: _____

Credit: _____

Extended: _____

Used: _____

Name of Company: _____

Account Number: _____

Expiry: _____

(Continued next page)



Credit: _____ Extended: _____ Used: _____

Name of Company: _____

Account Number: _____ Expiry: _____

Credit: _____ Extended: _____ Used: _____

LOANS

I do not owe a loan. *Branch and Account Number*

My loan is held by: _____

Frequency of payment: _____ Amount: _____

Life Insured: Yes No

MORTGAGES

I do not owe a mortgage. *Branch and Account Number*

Mortgage is held by: _____

Frequency of payment: _____ Amount: _____

Life Insured: Yes No

SAFETY DEPOSIT BOX

I have a Safety Deposit Box/Safekeeping Privileges at:

Name of Financial Institution: _____

Branch Address: _____

Box Number: _____

Key Location: _____



DOCUMENTS

I have made duplicate copies of important documents (i.e. Will, list of stocks and bonds, last income tax return, mortgage agreement, etc.). These are held at:

In my desk At home My place of employment Other (please specify)

My Will is located at:

My Executor has a copy of my Will: Yes No

Name of Executor:

Address of Executor:

My Personal Lawyer is:

Firm's Name:

Unit, Street No. & Name

City

Address:

Province:

Country:

Postal Code:

My Accountant/Financial Advisor is:

Firm's Name:

Unit, Street No. & Name

City

Address:

Province:

Country:

Postal Code:



MY WILL

Executor Name: _____

Apt., Street No. & Name *City*

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____

Co-Executor's Name: _____

Apt., Street No. & Name *City*

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____

Alternate, Name: _____

Apt., Street No. & Name *City*

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____

Alternate, Name: _____

Apt., Street No. & Name *City*

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____

Guardian, Name: _____

Apt., Street No. & Name *City*

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____

Guardian, Name: _____

Apt., Street No. & Name *City*

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____

Trustee, Name: _____

Apt., Street No. & Name *City*

Address: _____

Province: _____ *Country:* _____ *Postal Code:* _____



BENEFICIARIES: RELATIVES, FRIENDS AND CHARITIES

Legal Name: _____
MM / DD / YY

Relation: _____ Date of Birth: _____
Apt., St. No. & Name (If rural give exact location, not Post Office or Rural Route Address.)

Residence: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Phone Number: _____

Legal Name: _____
MM / DD / YY

Relation: _____ Date of Birth: _____
Apt., St. No. & Name (If rural give exact location, not Post Office or Rural Route Address.)

Residence: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Phone Number: _____

Legal Name: _____
MM / DD / YY

Relation: _____ Date of Birth: _____
Apt., St. No. & Name (If rural give exact location, not Post Office or Rural Route Address.)

Residence: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Phone Number: _____

Legal Name of Charity: _____
Apt., St. No. & Name (If rural give exact location, not Post Office or Rural Route Address.)

Address: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Phone Number: _____

