ESTATE PLANNER

METRIX GROUP LLP

CHARTERED PROFESSIONAL ACCOUNTANTS

Your Estate Planner helps you organize important information about your personal and financial affairs in one location. You'll find it easy to update once a year. This will help your family, friends, next of kin, or Executor manage your personal affairs in the event of your passing.

Keep this Estate Planner in a safe place with your other important documents & make sure your family knows where it's located.

If you include information about a living will or organ donation, ensure your family is informed of these arrangements.

CONTACT US FOR:
RETIREMENT, ESTATE AND TAX PLANNING

EDMONTON **780-489-9606**

LLOYDMINISTER **780-875-7433**

WHITECOURT **780-778-3091**

EMAIL **info@metrixgroup.ca**

WEBSITE **metrixgroup.ca**

"A reputation built on Integrity, Hard Work, and Clarity, since 1962"

TABLE OF CONTENTS

Your Personal Records

Financial Information

Insurance

Other Information

For Executors

YOUR PERSONAL RECORDS

Next of Kin

Name:____

Address:______________________________________

Telephone:____________________________________

Email: _______________________________________

Name:____

Address:______________________________________

Telephone:____________________________________

Email: _______________________________________

Name:____

Address:______________________________________

Telephone:____________________________________

Email: _______________________________________

Name:____

Address:______________________________________

Telephone:____________________________________

Email: _______________________________________

Others to Notify in Event of Passing

Executor

Name:____

Address:______________________________________

Telephone:____________________ Email: ____________________

Financial Security Advisor

Name:____

Address:______________________________________

Telephone:____________________ Email: ____________________

Employer or Business Partners

Name:____

Address:______________________________________

Telephone:____________________ Email: ____________________

Lawyer

Name:____

Address:______________________________________

Telephone:____________________ Email: ____________________

Accountant

Name:____

Address:______________________________________

Telephone:____________________ Email: ____________________

Doctor

Name:____

Address:____

Telephone:____________________Email: ____________________

Dentist

Name:____

Address:____

Telephone:____________________Email: ____________________

Bank or Credit Union

Name:____

Address:____

Telephone:____________________Email: ____________________

Investment Advisor(s)

Name(s):____

Address:____

Telephone:____________________Email: ____________________

Trust Officer

Name:____

Address:____

Telephone:____________________Email: ____________________

Family and Friends to Notify in Event of Passing

Name	Telephone	Email

Personal Information

Date of birth: ____________________

Place of birth: ____________________

Birth certificate is located: ____________________

Social insurance or social security number: ____________________

Citizenship papers Yes ☐ No ☐

They are located: ____________________

Marriage certificate? Yes ☐ No ☐

Located: ____________________

Military service? Yes ☐ No ☐

Discharge papers located: ____________________

Country served: ____________________

Veteran's number: ____________________

Your Will

Do you have a will? Yes ☐ No ☐

The original is located: ______________________________

A copy is located: ______________________________

The will was last updated: ______________________________

Living Will

Do you have a living will (if allowed in your province)? Yes ☐ No ☐

Living will is kept: ______________________________

Power of Attorney

Do you have a power of attorney? Yes ☐ No ☐

Name:______________________________

Arrangements are made through: ______________________________

The original is located: ______________________________

A copy is located: ______________________________

Organ Donation

Do you want to donate your organs or body for transplant, medical research, or education?

Yes ☐ No ☐

If yes, have you explained this in your: Will ☐ Organ donor card ☐ Driver's license ☐

Funeral Arrangements

Have you made funeral arrangements? Yes ☐ No ☐

Funeral home and address: ____________________

Telephone: ____________________

Have you set out instructions for burial, cremation, or funeral? Yes ☐ No ☐

Are the instructions in your will? Yes ☐ No ☐

In a letter? Yes ☐ No ☐

Instructions are located: ____________________

Do you own a cemetery plot? Yes ☐ No ☐

Have you provided for its ongoing care? Yes ☐ No ☐

The plot is located: ____________________

The deed to it is kept: ____________________

Previous Employers

Put the current or most recent employer first

Employer:____

Years worked: ____________________________________

Address:____

Email: ____

Employer:____

Years worked: ____________________________________

Address:____

Email: ____

Financial Information

Banking

List all accounts, so your Executor or family can find the money in them.

Bank/Credit Union: __________________________________

Branch:____

Account Number: __________________________________

Type: ____

Bank/Credit Union: __________________________________

Branch:____

Account Number: __________________________________

Type: ____

Bank/Credit Union: ____

Branch:____

Account Number: ____

Type: ____

Bank/Credit Union: ____

Branch:____

Account Number: ____

Type: ____

Investments

Term Deposits and Guaranteed Investment Certificates (GIC)

Do you have a Term Deposits or GICs? Yes ☐ No ☐

Do you have more than one? Yes ☐ No ☐

What is the value/amount? ____

Where is it deposited/invested? ____

Carrier name and Telephone: ____

Plan number: ____

Information about these plans are located: ____

Do you invest regularly? Yes ☐ No ☐

Pensions and Registered Plans

Are you a member of a registered pension plan? Yes ☐ No ☐

Carrier name and Telephone: ____

Carrier name and Telephone: ____

Information on where these plans are located: ____

Do you have a registered retirement savings plan (RRSP)? Yes ☐ No ☐

Carrier name and Telephone: ____

Information on where these plans are located: ____

Are you a member of a deferred profit-sharing plan? Yes ☐ No ☐

Carrier name and address: ____________________

Information on where these plans are located: ____________________

Segregated Funds, Mutual Funds, Registered Education Savings Plans (RESPs)

Do you have investment funds or RESPs? Yes ☐ No ☐

Fund A

Policy number: ____________________

Carrier name and Telephone: ____________________

Do you invest regularly using automatic withdrawals? Yes ☐ No ☐

How often? ____________________

Where is it taken from? ____________________

Do you receive income? Yes ☐ No ☐

How often? ____________________

Where is it deposited? ____________________

Information about the investments is located: ____________________

Fund B

Policy number: ____________________

Carrier name and Telephone: ____________________

Do you invest regularly using automatic withdrawals? Yes ☐ No ☐

How often? ____________________

Where is it taken from? ____________________

Do you receive income? Yes ☐ No ☐

How often? ____________________

Where is it deposited? ____________________

Information about the investments is located: ____________________

Fund C

Policy number: ______________________________

Carrier name and Telephone: ______________________________

Do you invest regularly using automatic withdrawals? Yes ☐ No ☐

How often? ______________________________

Where is it taken from? ______________________________

Do you receive income? Yes ☐ No ☐

How often? ______________________________

Where is it deposited? ______________________________

Information about the investments is located: ______________________________

Tax Free Savings Account (TFSA)

Do you have a TFSA? Yes ☐ No ☐ Do you have more than one TFSA? Yes ☐ No ☐

What is the value/amount? ______________________________

Where is it deposited/invested? ______________________________

Carrier name and Telephone: ______________________________

Plan number: ______________________________

Information about these plans are located: ______________________________

Registered Retirement Income Funds (RRIFs), Annuity Contracts

Do you have any RRIFs or annuities? Yes ☐ No ☐

Fund A

Policy number: ______________________________

Carrier name and Telephone: ______________________________

Do you receive income? Yes ☐ No ☐

How often? ______________________________

Where is it deposited? ______________________________

Information about the investments is located: ______________________________

Fund B

Policy number: ______________________________

Carrier name and Telephone: ______________________________

Do you receive income? Yes ☐ No ☐

How often? ______________________________

Where is it deposited? ______________________________

Information about the investments is located: ______________________________

Bonds and Government Investments

Do you have any government bonds? Yes ☐ No ☐ egistered in your name? Yes ☐ No ☐

Type of bond: ______________________________

Bearer: ______________________________

Co-registered with: ______________________________

Serial numbers: ______________________________

The bonds are located: ______________________________

Securities

Do you own any stocks or bonds? Yes ☐ No ☐

Information about them is located: ______________________________

Did you acquire any of them by gift or inheritance? Yes ☐ No ☐

Are any of your securities pledged for loans? Yes ☐ No ☐

Financial institution: ______________________________

Other Assets or Bequeaths

Asset Description	Location	Beneficiary

Financial Commitments

Rent or Mortgage Payments

Amount $: ______________________________

Due Date: ______________________________

Lender and Telephone: ______________________________

Address: ______________________________

Outstanding Loans

Amount $: ______________________________

Due Date: ______________________________

Lender and Telephone: ______________________________

Address: ______________________________

Amount $: ______________________________

Due Date: ______________________________

Lender and Telephone: ______________________________

Address: ______________________________

Bills Paid by Automatic Payments

Amount $: ____________________

Account Number: ____________________ Due date: ____________________

Lender and Telephone: ____________________

Address: ____________________

Amount $: ____________________

Account Number: ____________________ Due date: ____________________

Lender and Telephone: ____________________

Address: ____________________

Amount $: ____________________

Account Number: ____________________ Due date: ____________________

Lender and Telephone: ____________________

Address: ____________________

Amount $: ____________________

Account Number: ____________________ Due date: ____________________

Lender and Telephone: ____________________

Address: ____________________

Other Financial Obligations or Commitments

For: ____________________

Located: ____________________

For: ____________________

Located: ____________________

Insurance

Life Insurance

Policies you own on your own life

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Policies you own on others

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Policies others own on your life

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Group or association life insurance

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Critical Illness Insurance

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Company:________________________________ Policy Number: ________________________________

Policy is located: ____

Disability Insurance

Company:______________________________________ Policy Number: __________________________

Policy is located: ____

Company:______________________________________ Policy Number: __________________________

Policy is located: ____

Hospital and Medical Insurance

Company:______________________________________ Policy Number: __________________________

Policy is located: ____

Company:______________________________________ Policy Number: __________________________

Policy is located: ____

Other Information

Residence and Real Estate

Type of real estate (condo, vacation home, etc.)	Title is held by?	Is there a mortgage?	Mortgage is held by?
	☐ You ☐ Spouse ☐ Joint	☐ Yes ☐ No	
	☐ You ☐ Spouse ☐ Joint	☐ Yes ☐ No	
	☐ You ☐ Spouse ☐ Joint	☐ Yes ☐ No	

Where are the following located?

Deeds:____________________________

Copy of mortgages: ____________________________

Property insurance policies: ____________________________

Land surveys: ____________________________

Property tax receipts: ____________________________

Leases:____________________________

Maintenance details: ____________________________

Personal property

List all vehicles you own: ____________________________

____

Vehicle registrations are located:

Bill of sale and insurance papers are located:

Jewelry, stamp collections, coin collections, etc., are located: ____________________________

____

____

Are household furnishings insured? Yes ☐ No ☐

Bill of sale, inventory, and insurance policies for household furnishings are located: ____________________________

____

____

Debtors and Creditors

People who owe you money

Name:____

Address:______________________________________

Email:____

Amount:____________________Date: ____________________

Name:____

Address:______________________________________

Email:____

Amount:____________________Date: ____________________

People to whom you owe money, other than previously listed

Name:____

Address:______________________________________

Email:____

Amount:____________________Date: ____________________

Name:____

Address:______________________________________

Email:____

Amount:____________________Date: ____________________

Safe Deposit Box

Do you have a safe deposit box? Yes ☐ No ☐

Location:____

Names of others who have access to it: ____________________________

Location of the keys: ____________________________________

List of contents kept: ____________________________________

Charitable Gifts

For:____

Address: ____

For:____

Address: ____

For:____

Address: ____

Contractual obligations

For:____

Address: ____

For:____

Address: ____

For:____

Address: ____

Trust funds

Have you created any trusts? Yes ☐ No ☐

Purpose:____

Trust agreement was drawn up by: ______________________________

Trust papers are located: __________________________________

Income tax

Tax advisor's name: ____

Telephone:____

Address:____

Email:____

Tax and supporting information is located: ______________________________

Memberships

List all memberships in clubs and associations and public subscriptions

Name:____

Address: ____

Name:____

Address: ____

Name:____

Address: ____

Name:____

Address: ____

Name:____

Address: ____

Social Media Logins

Facebook

Username:____

Password:____

LinkedIn

Username:____

Password:____

Instagram

Username:____

Password:____

Twitter

Username:____

Password:____

Other

Username:____

Password:____

Username:____

Password:____

Notes

Notes

Notes

Notes

Notes

For Executors

Next Steps

- ☐ Locate the Deceased’s Will
- ☐ Contact next of kin, family, and friends
- ☐ Make funeral / cremation / burial arrangements according to the Will
- ☐ Obtain a Death Certificate from the Funeral Home and ensure they have applied for the CPP Death Benefit of $2,500
- ☐ Pay for the funeral and take full stock of the assets in the Estate
- ☐ Notify all pertinent advisors, bankers, debtors, or lenders of the Estate.
- ☐ Cancel all subscriptions and notify the Canada Revenue Agency (they will need to stop OAS, CPP, and GIS supplement payments, if applicable)
- ☐ Meet with a wills / estate lawyer, if necessary to review the will. The lawyer may need to probate the Will, once approval has been granted the Executor may distribute Estate assets in accordance with the Will.
- ☐ Determine if stewardship of trust funds is necessary based on the Will and advice from legal counsel.
- ☐ Ensure all necessary tax returns have been filed with the Canada Revenue Agency.
- ☐ The Accountant for the Estate may help with tax filings and in applying for a clearance certificate indicating all tax liabilities have been settled.
- ☐ Ensure the final distribution of Estate assets to the beneficiaries.

CONTACT US FOR:
RETIREMENT, ESTATE AND TAX PLANNING

EDMONTON	**780-489-9606**
LLOYDMINISTER	**780-875-7433**
WHITECOURT	**780-778-3091**
EMAIL	**info@metrixgroup.ca**
WEBSITE	**metrixgroup.ca**

"A reputation built on Integrity, Hard Work, and Clarity, since 1962"