

PERSONAL PLANNING FORM

Date Completed: _____

A. PERSONAL INFORMATION

1. Contact Information:

Partner 1

Full Legal name _____

Address _____

Town / Municipality for Realty Tax Purposes: _____

Telephone: Home _____ Business _____

Facsimile: Home _____ Business _____

E-mail Home _____ Business _____

Date and Place of Birth: _____ Social Insurance Number: _____

Citizenship(s): _____ Occupation (attach business card): _____

Residence for Income Tax Purposes: _____

Do you have multiple passports? _____ If yes, please list the countries: _____

Have you ever worked in the U.S.? _____ If yes, please provide details: _____

Do you have or have you ever had a U.S. Green card? _____

Are you of Aboriginal background?

If so, are you a registered Indian as defined in the *Indian Act*? yes no

Partner 2

Full Legal name _____

Address: Same as above

Telephone Home Same as above or _____ Business _____

Facsimile Home Same as above or _____ Business _____

E-mail Home Same as above or _____ Business _____

Date and Place of Birth _____ Social Insurance Number: _____

Citizenship(s): _____ Occupation (attach business card): _____

Residence for Income Tax Purposes: _____

Do you have multiple passports? _____ If yes, please list the countries _____

Have you ever worked in the U.S.? _____ If yes, please provide details: _____

Do you have or ever had a Green card for the U.S.? _____

Are you of Aboriginal background? yes no

If so, are you a registered Indian as defined in the *Indian Act*? yes no

2. Marital Status:

Partner 1 engaged married common law divorced separated single widow/widower

If married, date of marriage: _____ Maiden name if applicable: _____

Marriage Contract? yes no (if yes, copy required)

If common law, date of beginning of cohabitation: _____ Cohabitation Agreement? yes no (if yes, copy required)

If divorced, date of divorce: _____ Divorce judgment? yes no (if yes, copy required)
Any obligations to former spouse or other dependants?
yes no

If separated, date of separation: _____ Separation Agreement? yes no (if yes, copy required)
Any obligations to former spouse or other dependants?
yes no

Partner 2 engaged married common law divorced separated single widow/widower

if married, date of marriage: _____ Maiden name if applicable: _____

Marriage Contract? yes no (if yes, copy required)

If common law, date of beginning of cohabitation: _____ Cohabitation Agreement? yes no (if yes, copy required)

If divorced, date of divorce: _____ Divorce judgment? yes no (if yes, copy required)
Any obligations to former spouse or other dependants?
yes no

If separated, date of separation: _____ Separation Agreement? yes no (if yes, copy required)
Any obligations to former spouse or other dependants?
yes no

3. Dependents:

Children of Present Union

Name	Address	Date of Birth	Marital Status	Special Needs

Partner 1's Children

Name	Address	Date of Birth	Marital Status	Special Needs

Partner 2's Children

Name	Address	Date of Birth	Marital Status	Special Needs

Grandchildren

Name (including names of parents)	Address	Date of Birth

If any grandchildren have special needs, are adopted, or are born outside marriage, please specify:

Other Dependents (i.e. parents, siblings)

Name	Relationship

4. Pets

Do you have any pet(s)? Yes No

If yes, please provide details _____

Arrangements for their care in case of your death: _____

5. Genetic Material:

Partner 1

Do you have any genetic material (cord blood sperm, eggs, embryo) deposited and/or stored with a third party?

Yes No

If yes, please provide details: _____

Partner 2

Do you have any genetic material (cord blood sperm, eggs, embryo) deposited and/or stored with a third party?

Yes No

If yes, please provide details: _____

B. ASSETS

1. Bank Accounts:

Name of Bank: _____
Branch Location: _____
Account Number(s): _____
In Whose Name: _____
Average Balance: _____

Name of Bank: _____
Branch Location: _____
Account Number(s): _____
In Whose Name: _____
Average Balance: _____

2. Real Estate:

Principal Residence

Address same as home

Title: joint tenants with spouse/partner self spouse tenants-in common

Other (specify) _____

Acquisition Date and Cost: _____ Mortgage/Loan Balance: _____

Approximate Value: _____

Vacation Property

Address _____

Title: joint tenants with spouse/partner self spouse tenants-in common

Other (specify) _____

Acquisition Date and Cost: _____ Mortgage/Loan Balance: _____

Approximate Value: _____

Retail/ Investment Property

Address _____

Title: joint tenants with spouse/partner self spouse tenants-in common

Other (specify) _____

Acquisition Date and Cost: _____ Mortgage/Loan Balance: _____

Approximate Value: _____ If Rented, terms of Rental: _____

3. Safety Deposit Box:

Bank

Ownership

Key Location

4. Non-Registered Investments: (e.g. GIC's, Mutual Funds, Stocks, Bonds)

Name, Address and Telephone Number of Investment Advisor: _____

Partner 1

Institution

Account Number

Approximate Value

Are any of your investments segregated funds? _____

Partner 2

Institution

Account Number

Approximate Value

Are any of your investments segregated funds? _____

Jointly Held Investments (Right of Survivorship)

<u>Institution</u>	<u>Account Number</u>	<u>Approximate Value</u>

5. RRSPs and RRIFs:

Partner 1

<u>Institution</u>	<u>Account Number</u>	<u>Value</u>	<u>Beneficiary</u>

Partner 2

<u>Institution</u>	<u>Account Number</u>	<u>Value</u>	<u>Beneficiary</u>

6. Tax Free Savings Account:

Partner 1

<u>Institution</u>	<u>Account Number</u>	<u>Value</u>	<u>Beneficiary</u>

Partner 2

<u>Institution</u>	<u>Account Number</u>	<u>Value</u>	<u>Beneficiary</u>

7. Registered Pension Plans and Annuities:

Partner 1

<u>Company</u>	<u>Beneficiary</u>

Do you have any Registered Pension Plans which are Locked-In accounts? _____

Partner 2

<u>Company</u>	<u>Beneficiary</u>

Do you have any Registered Pension Plans which are Locked-In accounts? _____

8. Registered Education Savings Plans:

<u>Institution</u>	<u>Subscriber (Sole or Joint)</u>	<u>Type of Plan (Individual or family)</u>

9. Registered Disability Savings Plans:

<u>Institution</u>	<u>Plan Holder</u>	<u>Beneficiary</u>

10. Personal Property:

Approximate value of household goods and furniture. _____

Ownership and approximate value of special items (antiques, jewellery, heirlooms, art, collections). _____

Do you own any patents? yes no

Do you have any royalty payments owed to you? yes no (If yes, please attach contract)

11. On-line Assets:

Do you own any intellectual property (i.e. domain names, websites) on the internet? yes no

Do you conduct any on-line business (i.e. ebay, etc.)? yes no If so, what is the approximate value? _____

Do you have any on-line accounts (i.e. paypal account, etc.)? yes no If so, what is the approximate value? _____

Do you have any social media accounts (i.e. facebook, twitter, linked-in, etc.)? yes no

12. Notes and Accounts Receivable:

Partner 1

<u>Debtor</u>	<u>Individual or Corporation</u>	<u>Approximate Value</u>

Partner 2

<u>Debtor</u>	<u>Individual or Corporation</u>	<u>Approximate Value</u>

13. Life Insurance:Partner 1

<u>Name of Company</u>	<u>Policy Number and Plan Type</u>	<u>Face Value</u>	<u>Beneficiary</u>

Partner 2

<u>Name of Company</u>	<u>Policy Number and Plan Type</u>	<u>Face Value</u>	<u>Beneficiary</u>

Joint Held Policies (i.e. Joint last to die)

<u>Name of Company</u>	<u>Policy Number and Plan Type</u>	<u>Face Value</u>	<u>Beneficiary</u>

14. Business Interests:

Name of Business _____

Type of Business: _____

Address: _____

If incorporated, Private Corporation Number: _____

Active Business Yes No Holding Company: Yes No Shareholder Agreement: yes no (If yes, provide a copy)

If incorporated, names of shareholders and percentage interests: _____

Partnership Agreement: yes no (If yes, provide a copy)

Approximate value of Business Interests _____

Name, Address and Telephone Number of Accountants: _____

15. Other Assets:

16. Liabilities and Guarantees:

<u>Name of Creditor</u>	<u>Amount Owed</u>	<u>By Whom</u>

C. Current Estate Planning:

1. Wills and Powers of Attorney

	Partner 1	Partner 2
Have you made a previous Will?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Date:	Date:
Do you have an existing Power of Attorney for Property?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Date:	Date:
Do you have an existing Power of Attorney for Personal Care?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Date:	Date:
Do you have an existing Living Will?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Date:	Date:

If yes, please provide the name and contact information of the lawyer/law firm that drafted your previous will/powers of attorney:

Name of Lawyer/Law Firm: _____

Address: _____

If yes, does this lawyer/law firm have the original copy of your previous will? yes no

If yes, can we contact this lawyer/law firm to obtain the original copy of your previous will? yes no

2. Trusts and Agreements

	Partner 1	Partner 2
<i>Inter Vivos</i> Trust (i.e. family trust)?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Acting or appointed executor of another estate/trust?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Are there any agreements binding on the estate?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>