

MONEY FOR LIFE

Your personal information and Executor guide

Life's brighter under the sun



Your personal records – at your fingertips

It’s important to let your loved ones know your wishes and plans. Sometimes it’s difficult to talk about. This booklet can make it easier to share important information.

It will help those, like your Power of Attorney or Executor,* to locate all the documents and information they need if you’re unable to do so yourself or after you die. Keep these important details up-to-date.

At the back of the booklet you’ll find a quick and easy-to-follow reference for the person who will be handling your estate.

This document contains all information for a complete identity theft.
Store this booklet containing sensitive and personal information in a safe place that is only accessible by people you intend to share it with.

Person 1	Person 2
<div>Name</div>	<div>Name</div>
<div>Date</div>	<div>Date</div>
<div>Age you hope to retire</div>	<div>Age you hope to retire</div>
<div>Date of last booklet update</div>	<div>Date of last booklet update</div>

* In this document, the term “Executor” will also refer to a liquidator in the province of Québec.

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- Medical information
- Important document numbers and location
- Location of other personal records
- Location of safety deposit boxes
- Bank accounts
- Credit cards

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- This section outlines the steps that your executor or family members can follow to ensure that all the details of your final arrangements are handled.

YOUR PERSONAL INFORMATION

- Personal information
- Medical information
- Important document numbers and location
- Location of other personal records
- Location of safety deposit boxes
- Bank accounts
- Credit cards

PERSONAL INFORMATION

Person 1

Your name
Birthdate (DD/MM/YY)
Address
Mobile phone & password
Home phone
Email
Password

Person 2

Your name
Birthdate (DD/MM/YY)
Address
Mobile phone & password
Home phone
Email
Password

PERSONAL INFORMATION

Person 1

Other

Website

Username

Password

Current employer

Company

Contact name

Phone

Dependants (this may include elderly relatives, child(ren) over and / or child(ren) under the age of 18)

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

Appointed guardians* (for minor children)

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

Person 2

Other

Website

Username

Password

Current employer

Company

Contact name

Phone

Dependants (this may include elderly relatives, child(ren) over and / or child(ren) under the age of 18)

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

Appointed guardians* (for minor children)

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

* In Québec, guardians are referred to as tutors.

MEDICAL INFORMATION

Person 1

Blood type

Allergies

Medications

Other notes

Person 2

Blood type

Allergies

Medications

Other notes

IMPORTANT IDENTIFICATION DOCUMENTS, NUMBERS & LOCATION

Person 1

Social insurance number (serves as identification number for government plans)

Number

Location

Birth certificate

Number

Location

Marriage certificate

Number

Location

Citizenship certificate or permanent resident card

Number

Location

Driver’s licence

Number

Location

Health card

Number

Location

Passport

Number

Location

Secure certificate of Indian status

Number

Location

Income tax

Location of income tax returns and receipts

Accountant / Tax advisor name

Address

Phone

Person 2

Social insurance number (serves as identification number for government plans)

Number

Location

Birth certificate

Number

Location

Marriage certificate

Number

Location

Citizenship certificate or permanent resident card

Number

Location

Driver’s licence

Number

Location

Health card

Number

Location

Passport

Number

Location

Secure certificate of Indian status

Number

Location

Income tax

Location of income tax returns and receipts

Accountant / Tax advisor name

Address

Phone

LOCATION OF OTHER PERSONAL RECORDS (includes agreements involving matrimony, cohabitation, separation, divorce, shareholders, partnerships or documents pertaining to personal trusts)

Person 1

Document name

Number

Location

Document name

Number

Location

Document name

Number

Location

Person 2

Document name

Number

Location

Document name

Number

Location

Document name

Number

Location

LOCATION OF SAFETY DEPOSIT BOXES

Person 1

Location of safety deposit box

Location of key

Name, address, phone of others with access

Person 2

Location of safety deposit box

Location of key

Name, address, phone of others with access

BANK ACCOUNTS

(or accounts with trust companies, caisses populaires or credit unions)

Person 1

Account

Account number

Bank / branch

Phone

Joint account holder

Joint account holder address

Joint account holder phone

Location of passbook / bank access card and monthly records

Website

Username

Password

Security response(s)

Bank representative

Phone

Account

Account number

Bank / branch

Phone

Joint account holder

Joint account holder address

Joint account holder phone

Location of passbook / bank access card and monthly records

Website

Username

Password

Security response(s)

Person 2

Account

Account number

Bank / branch

Phone

Joint account holder

Joint account holder address

Joint account holder phone

Location of passbook / bank access card and monthly records

Website

Username

Password

Security response(s)

Bank representative

Phone

Account

Account number

Bank / branch

Phone

Joint account holder

Joint account holder address

Joint account holder phone

Location of passbook / bank access card and monthly records

Website

Username

Password

Security response(s)

CREDIT CARDS

Person 1

Account

Type of Card / Issuing organization

Name on card

Card number

Card security number

Expiry date

Available limit

Customer service phone

Website

Username

Password

Security response(s)

Terms / other information

Location of records

Account

Type of Card / Issuing organization

Name on card

Card number

Card security number

Expiry date

Available limit

Customer service phone

Website

Username

Password

Security response(s)

Terms / other information

Location of records

Person 2

Account

Type of Card / Issuing organization

Name on card

Card number

Card security number

Expiry date

Available limit

Customer service phone

Website

Username

Password

Security response(s)

Terms / other information

Location of records

Account

Type of Card / Issuing organization

Name on card

Card number

Card security number

Expiry date

Available limit

Customer service phone

Website

Username

Password

Security response(s)

Terms / other information

Location of records

Person 1

Account
Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

Account
Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

Person 2

Account
Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

Account
Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

EMERGENCY
CONTACTS &
HEALTH-CARE
PROFESSIONALS



EMERGENCY CONTACTS

Person 1

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

Person 2

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

Contact name

Organization name / relationship

Address

City, province, postal code

Phone

Email

Company

HEALTH-CARE PROFESSIONALS

Person 1

Family doctor

Name

Phone

Dentist

Name

Phone

Pharmacist

Name

Phone

Health-care professionals / specialists

Specialty

Name

Phone

Specialty

Name

Phone

Specialty

Name

Phone

Specialty

Name

Phone

Person 2

Family doctor

Name

Phone

Dentist

Name

Phone

Pharmacist

Name

Phone

Health-care professionals / specialists

Specialty

Name

Phone

Specialty

Name

Phone

Specialty

Name

Phone

Specialty

Name

Phone

ESTATE PLANNING

- Living will / Power of attorney
- Wills
- Trusteeships



LIVING WILL / POWER OF ATTORNEY

Person 1

Location of living will document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Location of power of attorney document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Lawyer

Address

City, province, postal code

Phone

Email

Person 2

Location of living will document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Location of power of attorney document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Lawyer

Address

City, province, postal code

Phone

Email

WILLS

Person 1

Location of will

Last updated

Lawyer / Notary

Address

City, province, postal code

Phone

Email

Executor name

Address

City, province, postal code

Phone

Email

If there are any other **written records of your wishes** regarding medical care (for example, organ donation card), please provide the location of these documents.

Person 2

Location of will

Last updated

Lawyer / Notary

Address

City, province, postal code

Phone

Email

Executor name

Address

City, province, postal code

Phone

Email

If there are any other **written records of your wishes** regarding medical care (for example, organ donation card), please provide the location of these documents.

* Québec residents will need to provide details about any mandate in case of incapacity or power of attorney. Use blank pages at the end of this booklet, if needed.

TRUSTEESHIPS

Person 1

Trusteeship

Type of trust

Date trust was established

Co-trustees

Beneficiaries

Financial company

Address

City, province, postal code

Phone

Email

Location of documents

Assets being held in trust

Person 2

Trusteeship

Type of trust

Date trust was established

Co-trustees

Beneficiaries

Financial company

Address

City, province, postal code

Phone

Email

Location of documents

Assets being held in trust

* In Québec, this is called “tutorship” or “curatorship”. The representative is called “tutor” or “curator,” as the case may be.

INSURANCE & INVESTMENTS I HAVE THROUGH MY EMPLOYER



LIFE INSURANCE - THROUGH MY EMPLOYER

Person 1

Workplace life insurance	
Sponsor company / employer	
Plan administrator and phone	
Carrier / insurer	
Carrier / insurer phone	
Group number	
Certificate number	
Name of insured	
Beneficiary	
Advisor name	
Location of documents	
Website	
Username	
Password	
Policy type (for example, basic, optional, and accidental death and dismemberment)	
Member ID	
Amount	
Name of insured	
Location of documents	
Expiry / Renewal date	
Policy type	
Member ID	
Amount	
Name of insured	
Location of documents	
Expiry / Renewal date	
Policy type	
Member ID	
Amount	
Name of insured	
Location of documents	
Expiry / Renewal date	

Person 2

Workplace life insurance	
Sponsor company / employer	
Plan administrator and phone	
Carrier / insurer	
Carrier / insurer phone	
Group number	
Certificate number	
Name of insured	
Beneficiary	
Advisor name	
Location of documents	
Website	
Username	
Password	
Policy type (for example, basic, optional, and accidental death and dismemberment)	
Member ID	
Amount	
Name of insured	
Location of documents	
Expiry / Renewal date	
Policy type	
Member ID	
Amount	
Name of insured	
Location of documents	
Expiry / Renewal date	
Policy type	
Member ID	
Amount	
Name of insured	
Location of documents	
Expiry / Renewal date	

HEALTH INSURANCE - THROUGH MY EMPLOYER

Person 1

Workplace health insurance

Sponsor company / employer

Plan administrator and phone

Carrier / insurer

Carrier / insurer phone

Group number

Certificate number

Name of insured

Advisor name

Location of documents

Website

Username

Password

Policy type (for example, short-term disability, salary continuance benefits, long-term disability, critical illness)

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Person 2

Workplace health insurance

Sponsor company / employer

Plan administrator and phone

Carrier / insurer

Carrier / insurer phone

Group number

Certificate number

Name of insured

Advisor name

Location of documents

Website

Username

Password

Policy type (for example, short-term disability, salary continuance benefits, long-term disability, critical illness)

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

PENSION & SAVINGS - THROUGH MY EMPLOYER

Person 1

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Deferred profit sharing plan (DPSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Person 2

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Deferred profit sharing plan (DPSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Person 1

Employee profit sharing plan (EPSP)	
<div>Company / employer</div>	
<div>Company / employer phone</div>	
<div>Carrier / financial institution</div>	
<div>Carrier / financial institution phone</div>	
<div>Group number</div>	
<div>Certificate number</div>	
<div>Location of documents</div>	
<div>Website</div>	
<div>Username</div>	
<div>Password</div>	
Group registered retirement savings plan (Group RRSP)	
<div>Company / employer</div>	
<div>Company / employer phone</div>	
<div>Carrier / financial institution</div>	
<div>Carrier / financial institution phone</div>	
<div>Group number</div>	
<div>Certificate number</div>	
<div>Location of documents</div>	
<div>Website</div>	
<div>Username</div>	
<div>Password</div>	
Other	
<div>Company / employer</div>	
<div>Company / employer phone</div>	
<div>Carrier / financial institution</div>	
<div>Carrier / financial institution phone</div>	
<div>Group number</div>	
<div>Certificate number</div>	
<div>Location of documents</div>	
<div>Website</div>	
<div>Username</div>	
<div>Password</div>	

Person 2

Employee profit sharing plan (EPSP)	
<div>Company / employer</div>	
<div>Company / employer phone</div>	
<div>Carrier / financial institution</div>	
<div>Carrier / financial institution phone</div>	
<div>Group number</div>	
<div>Certificate number</div>	
<div>Location of documents</div>	
<div>Website</div>	
<div>Username</div>	
<div>Password</div>	
Group registered retirement savings plan (Group RRSP)	
<div>Company / employer</div>	
<div>Company / employer phone</div>	
<div>Carrier / financial institution</div>	
<div>Carrier / financial institution phone</div>	
<div>Group number</div>	
<div>Certificate number</div>	
<div>Location of documents</div>	
<div>Website</div>	
<div>Username</div>	
<div>Password</div>	
Other	
<div>Company / employer</div>	
<div>Company / employer phone</div>	
<div>Carrier / financial institution</div>	
<div>Carrier / financial institution phone</div>	
<div>Group number</div>	
<div>Certificate number</div>	
<div>Location of documents</div>	
<div>Website</div>	
<div>Username</div>	
<div>Password</div>	

INSURANCE & INVESTMENTS I OWN PERSONALLY



PERSONAL GENERAL INSURANCE (homeowners, automobile, etc.)

Person 1

Policy type (home insurance – primary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (home insurance – secondary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (automobile insurance)

Vehicle make and model

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Username

Password

Person 2

Policy type (home insurance – primary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (home insurance – secondary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (automobile insurance)

Vehicle make and model

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Username

Password

PERSONAL LIFE INSURANCE

Person 1

Individual life insurance

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

Person 2

Individual life insurance

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

PERSONAL HEALTH INSURANCE

Person 1

Individual health insurance

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

Person 2

Individual health insurance

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

PERSONAL INVESTMENTS – NON-REGISTERED (GICs, mutual funds, etc.)

Person 1

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Person 2

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Person 1

Investment type
Representative
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Investment type
Representative
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Investment type
Representative
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password

Person 2

Investment type
Representative
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Investment type
Representative
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Investment type
Representative
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password

Person 1

Registered retirement savings plan (RRSP)
Representative / Institution
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Beneficiary
Beneficiary phone
Registered retirement savings plan (RRSP)
Representative / Institution
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Beneficiary
Beneficiary phone
LIRA or other locked in plans
Representative / Institution
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Beneficiary
Beneficiary phone

Person 2

Registered retirement savings plan (RRSP)
Representative / Institution
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Beneficiary
Beneficiary phone
Registered retirement savings plan (RRSP)
Representative / Institution
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Beneficiary
Beneficiary phone
LIRA or other locked in plans
Representative / Institution
Rep phone
Rep email
Company
Company phone
Account number
Location of documents
Website
Username
Password
Beneficiary
Beneficiary phone

Person 1

Tax-free savings account (TFSA)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Registered education savings plan (RESP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Other savings plan

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Person 2

Tax-free savings account (TFSA)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Registered education savings plan (RESP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Other savings plan

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Person 1

Canada Pension Plan (CPP)*

CPP number

Location of documents

Old Age Security (OAS)*

OAS number

Location of documents

Guaranteed Income Supplement (GIS) or other government income

Income type

Contact name

Contact phone

Life income fund (LIF)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Annuities

Type of annuity

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Person 2

Canada Pension Plan (CPP)*

CPP number

Location of documents

Old Age Security (OAS)*

OAS number

Location of documents

Guaranteed Income Supplement (GIS) or other government income

Income type

Contact name

Contact phone

Life income fund (LIF)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Annuities

Type of annuity

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

* See page 58 for government agency contact phone numbers; QPP for the Québec residents.

Person 1

Registered retirement income fund (RRIF)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Registered retirement income fund (RRIF)

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Notes

Person 2

Registered retirement income fund (RRIF)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Registered retirement income fund (RRIF)

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Beneficiary

Beneficiary phone

Notes

Note: When you pass away, many sources of income cease or become payable to a beneficiary. It is important that your executor notify the issuers of these income products promptly.

DEBTS /
LIABILITIES

- Vehicle lease / loan
- Real estate
- Other secured debts
- Other unsecured debts



VEHICLE LEASE / LOAN

Person 1

Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

Username

Password

Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

Username

Password

Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

Username

Password

Person 2

Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

Username

Password

Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

Username

Password

Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

Username

Password

REAL ESTATE – PRIMARY RESIDENCE

Person 1

Primary residence

Full address (include lot, concession and county if applicable)

☐ Sole owner

☐ Owner with someone else

If outside of Québec, is the property registered as:

☐ Joint tenant (property will pass to the surviving joint owner upon death)

☐ Tenant in common (share will be distributed according to will)

Co-owner

Co-owner address

Co-owner phone

Location of deeds, surveys, property tax receipts, leases

Rental property

☐ Yes

☐ No

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Person 2

Primary residence

Full address (include lot, concession and county if applicable)

☐ Sole owner

☐ Owner with someone else

If outside of Québec, is the property registered as:

☐ Joint tenant (property will pass to the surviving joint owner upon death)

☐ Tenant in common (share will be distributed according to will)

Co-owner

Co-owner address

Co-owner phone

Location of deeds, surveys, property tax receipts, leases

Rental property

☐ Yes

☐ No

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

REAL ESTATE – SECONDARY RESIDENCE

Person 1

Secondary residence

Full address (include lot, concession and county if applicable)

☐ Sole owner

☐ Owner with someone else

If outside of Québec, is the property registered as:

☐ Joint tenant (property will pass to the surviving joint owner upon death)

☐ Tenant in common (share will be distributed according to will)

Co-owner

Co-owner address

Co-owner phone

Location of deeds, surveys, property tax receipts, leases

Rental property

☐ Yes

☐ No

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Person 2

Secondary residence

Full address (include lot, concession and county if applicable)

☐ Sole owner

☐ Owner with someone else

If outside of Québec, is the property registered as:

☐ Joint tenant (property will pass to the surviving joint owner upon death)

☐ Tenant in common (share will be distributed according to will)

Co-owner

Co-owner address

Co-owner phone

Location of deeds, surveys, property tax receipts, leases

Rental property

☐ Yes

☐ No

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Mortgage(s)

Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

OTHER SECURED DEBTS

Person 1

Other secured debt (please describe)

Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Person 2

Other secured debt (please describe)

Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

OTHER UNSECURED DEBTS

Person 1

Other unsecured debt (please describe)

Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Person 2

Other unsecured debt (please describe)

Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

EXPENSES & SUBSCRIPTIONS

Monthly / Yearly expenses and subscriptions



MONTHLY / YEARLY EXPENSES AND SUBSCRIPTIONS

Person 1

Cable
Company
Account number
Phone
Location of records
Website
Username
Password
Internet
Company
Account number
Phone
Location of records
Website
Username
Password
Telephone
Company
Account number
Phone
Location of records
Website
Username
Password
Cell phone
Company
Account number
Phone
Location of records
Website
Username
Password

Person 2

Cable
Company
Account number
Phone
Location of records
Website
Username
Password
Internet
Company
Account number
Phone
Location of records
Website
Username
Password
Telephone
Company
Account number
Phone
Location of records
Website
Username
Password
Cell phone
Company
Account number
Phone
Location of records
Website
Username
Password

Person 1

Newspaper

Company

Account number

Phone

Location of records

Website

Username

Password

Gym membership

Company

Account number

Phone

Location of records

Magazine subscriptions

Company #1

Account number

Phone

Location of records

Website

Username

Password

Company #2

Account number

Phone

Location of records

Website

Username

Password

Person 2

Newspaper

Company

Account number

Phone

Location of records

Website

Username

Password

Gym membership

Company

Account number

Phone

Location of records

Magazine subscriptions

Company #1

Account number

Phone

Location of records

Website

Username

Password

Company #2

Account number

Phone

Location of records

Website

Username

Password

Person 1

Hydro

Company

Account number

Phone

Location of records

Website

Username

Password

Utilities

Company

Account number

Phone

Website

Username

Password

Location of records

Other

Company

Account number

Phone

Location of records

Website

Username

Password

Other

Company

Account number

Phone

Location of records

Website

Username

Password

Person 2

Hydro

Company

Account number

Phone

Location of records

Website

Username

Password

Utilities

Company

Account number

Phone

Website

Username

Password

Location of records

Other

Company

Account number

Phone

Location of records

Website

Username

Password

Other

Company

Account number

Phone

Location of records

Website

Username

Password

OTHER

- Social media and cloud storage footprint
- Places of worship
- Other information (valuable Items, jewelry, artwork)
- Clubs / Associations / Charities



SOCIAL MEDIA AND CLOUD STORAGE FOOTPRINT

Person 1

Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password

Person 2

Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password
Website / App
Email
Username
Password

PLACES OF WORSHIP

Person 1

Place of worship	
Name	
Contact	
Address	
Phone	
Email	

Place of worship	
Name	
Contact	
Address	
Phone	
Email	

OTHER INFORMATION (for example, jewellery, artwork, etc.) **Note:** This may also include valuable items not in the home that are on loan. Remember to include the location and contact information for these pieces.

[illegible]

CLUBS / ASSOCIATIONS / CHARITIES

Person 1

[illegible]

FUNERAL ARRANGEMENTS



PRE-PLANNED FUNERAL DETAILS

Person 1

Funeral home
Address
Phone
Email
Location of cemetery plot or niche
Location of deed
Funeral arrangements have been pre-purchased <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 2

Funeral home
Address
Phone
Email
Location of cemetery plot or niche
Location of deed
Funeral arrangements have been pre-purchased <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL DETAILS

There is more room in the “Notes” section at the back of the booklet.

Person 1

Person 2

FOR THE EXECUTOR

There are many details that need to be taken care of when someone dies. Throughout the previous sections you'll find contact information for important people who may need to be involved or who can help. The following lists and information will help you navigate through these details. We encourage you to seek the support of a legal advisor who is experienced in dealing with these matters.

MAKE FUNERAL ARRANGEMENTS

If the funeral was pre-planned (see page 51), the following points may have already been decided. If not, the funeral director can assist you with these arrangements:

- transportation of deceased
- burial or crematory arrangements
- casket or urn selection
- funeral service
- visitation times
- cemetery arrangements
- statement of death
- all related funeral costs

Other details to consider:

- religious ceremony and facility
- memorial donation
- flowers
- clothing for deceased
- pallbearers
- newspaper notices

In many cases, the funeral home will help place the funeral notice in the obituaries. Here are some details to consider:

- name of deceased
- spouse's name
- date of death
- location
- parent of:
- parents
- brothers / sisters
- affiliations
- achievements
- education
- place of birth
- funeral home location
- visitation hours
- time and place of funeral service
- donations

- grandparent of:

ASSEMBLE IMPORTANT DOCUMENTS

Some people file important documents in desk drawers, kitchen cupboards or even bedroom dressers. Others keep them in safety deposit boxes. You may be able to access the deceased’s safety deposit box to search for the will before probate is obtained. This is done in the presence of a bank official and nothing else can be removed until the will is probated or verified.

If the deceased filed all their important documents in one location or completed the sections of this booklet, you should be able to find all you need quickly.

You may need to find the following important documents:

- the will
- birth certificate
- marriage certificate
- separation or divorce agreement
- social insurance number
- health card
- driver’s licence
- passport
- citizenship card
- permanent resident card
- secure certificate of Indian status
- business agreements or contracts
- automobile registration
- recent income tax returns
- life insurance policies
- disability insurance policies
- general insurance policies
- bank books or statements
- employment group benefits statements
- stock certificates or bonds
- investment certificates
- notes receivable or payable
- real estate deeds
- mortgage papers
- trust documents

One document you’ll need is a statement of death. Copies of this statement are issued by the funeral director. Along with birth and marriage certificates, a statement of death will be required by the insurance company and government agencies when submitting claims.

An official death certificate is not automatically issued. You must apply to the government of the province in which the deceased resided or, if they resided in Québec, to the Directeur de l’état civil.

! DO NOT DISCARD DOCUMENTS

If you find documents that seem to be out-dated or irrelevant, do not discard them.

- Check with your legal advisor and your accountant to verify whether the documents are important.
- Contact the companies associated with the documents to determine their significance.
- Remember that income tax returns should be held for seven years.

NOTIFY AFFECTED PARTIES

All affected parties should be notified of the death as soon as possible to avoid the need for you or the parties to return payments made after the death.

Information you’ll need

In addition to the important documents listed on the previous page, you may need the following information when contacting some of the parties mentioned in this section:

- social insurance number of surviving spouse or partner
- proof of age of surviving spouse or partner
- death certificate (from the provincial government)
- proof of age of any children eligible to receive government or employment-related benefits
- proof of full-time attendance at school or university for children between the ages of 18 and 25 – required for CPP

CONTACT A LEGAL ADVISOR AND ACCOUNTANT

If a legal advisor hasn’t been named in the deceased’s will, contact your own legal advisor to help you settle the estate. Even the smallest estate may need competent legal and tax advice to:

- determine whether a will must be proven valid (probated) or verified,*
- discuss the guardian(s) in place for any minor children,
- assist with the distribution of assets,
- explain the procedures required if there is no will,
- co-ordinate any transfers of ownership, and
- file the deceased’s final income tax return and obtain an estate clearance certificate.

IMPORTANT NOTE

It’s your responsibility as executor to ensure that the home and all assets are covered by up-to-date insurance. You can work with a licensed broker or an insurance company to make sure the correct coverage is in place. This insurance will help protect you, the executor, from being liable for any physical losses to the assets before they’re distributed.

* In Québec, notarial wills do not have to be probated.

CONTACT THE LIFE INSURANCE ADVISOR

For details, please refer to the “Insurance & Investments I Own Personally” section, beginning on page 27.

Life insurance policies that insured the deceased person’s life may help alleviate some of the financial strain of the beneficiaries by providing immediate funds.

Special procedures will be necessary if the beneficiary is:

- a minor, or
- legally incompetent.

If the estate has been designated as beneficiary, the life insurance money will be paid to the estate and then distributed according to the terms of the will. If there is no will, an estate administrator (or in Québec, a liquidator) will need to be appointed to distribute the assets according to provincial law.

Contact the life insurance advisor or the nearest office of the life insurance company for further details, to obtain the proper forms and to arrange for any advance payment.

You’ll need the following information to help settle life insurance claims quickly:

- statement of death
- claim statement (provided by the insurance advisor and completed by the person legally entitled to receive the proceeds)
- policy or policies (if you can’t find them, the insurance advisor should have a record)
- proof of age of deceased (if not on file)
- marriage certificate of deceased (if applicable)

Note: Additional information may be requested by the insurance advisor to clarify which benefits are payable.

CONTACT THE INVESTMENT ADVISOR

For details, please refer to the “Insurance & Investments I Own Personally” section, beginning on page 27.

You’ll want to contact the advisor to discuss any registered and non-registered investments the deceased person may have in order to determine how to handle each account. The advisor will be able to provide you with information on:

- how to close or transfer any accounts,
- the beneficiaries listed for each, and
- balances for any accounts.

If the deceased was retired and receiving pensions, contact the appropriate companies or organizations to report the death and make any necessary arrangements.

CONTACT THE EMPLOYER OR BUSINESS ASSOCIATES

Be sure to inform all current employers (page 8) and business associates of the death as soon as possible. It’s vital that you speak with a human resources person and ask the following questions:

- Is there a pension fund?
- Are there any group insurance or other benefits owing?
- Is there any salary, vacation pay, expense reimbursements or other amounts owing but not yet paid?
- Are there any unpaid commissions?
- Is there any disability income owing?
- Are there any service recognition awards?

If the deceased was a long-term employee in any other company, determine whether there are any lump-sum or survivor benefits.

CONTACT GOVERNMENT AGENCIES

Contact information is current as of June 2019.

Call Service Canada for CPP and OAS, at:

- 1 800 277-9914 for service in English
- 1 800 277-9915 for service in French
- 1 800 255-4786 for people with hearing loss (English and French)

In Québec, contact the QPP offices (Retraite Québec) at:

- 418 643-5185 if you're in Québec Region
- 514 873-2433 if you're in Montreal Region
- 1 800 463-5185 (toll free) if you're elsewhere in Québec
- 1 800 603-3540 for people with hearing loss (TTY)

For more information, visit the Retraite Québec website at retraiteQuebec.gouv.qc.ca.

If the deceased was receiving any CPP, QPP, OAS or GIS payments at the time of death then:

- government cheques for the month in which the death occurred may be transacted even if received after death, but
- government cheques received in the month following the death must be returned.

There is a death benefit from CPP and QPP. If the deceased had contributed to one of these plans, the following could apply:

- a lump-sum death benefit payable to the estate,
- periodic payments to the surviving spouse or common-law partner, or
- periodic payments for dependent children up to age 18 or, for CPP only, to age 25 if they're full-time students.

It's important to apply for this benefit as soon as possible. Back payments can be made for up to 12 months only.

For more information, visit the Government of Canada website at Canada.ca.

SOME OF THE OTHER FEDERAL BENEFITS MAY INCLUDE:

- **Veteran's pension** – If the deceased was a veteran, contact the nearest branch of Veterans Affairs Canada to determine whether a benefit is available. They may have been receiving a veteran's disability pension or you may be able to apply for a benefit if the deceased is considered eligible. Benefits will vary depending on whether the death was from a service-related cause.
- **Employment Insurance (EI)** – If the deceased was receiving EI benefits at the time of death, contact Service Canada or visit the Canada.ca website. Any cheques payable to the deceased during the normal reporting period (usually two weeks pay) will be paid, but there will be no further benefits.
- **Workers' compensation** – If the deceased was receiving a pension from Workplace Safety and Insurance Board, Workers' Compensation Board or Commission de la santé et de la sécurité du travail (CSST) at the time of death, contact the office nearest you. The surviving family may be eligible for survivor benefits and possibly dependent children benefits.
- **International benefits** – If the deceased lived or worked in another country, then the surviving family may be eligible to receive benefits either from that country or from the Government of Canada. You'll want to contact the International Benefits office to further discuss Canada's International Social Security Agreement and to determine which countries offer this program.
- **Allowance for the survivor** – This benefit is through OAS and is for the surviving spouse of the deceased. The benefit will provide monthly non-taxable benefits to eligible low-income widows / widowers (only if they have not become eligible for OAS yet - OAS is restricted to those between 60 and 64).
- **Funeral, burial and gravemarking assistance** – Through Veterans Affairs Canada Funeral and Burial Program, surviving family may be eligible to receive benefits to help fund the funeral and burial services if the deceased was a veteran or disability pensioner. To find out more, contact your local Last Post Fund provincial office.
- **Estates program for deceased person** – This program will provide those who are eligible with help for the administration of the estates for the deceased, for First Nation individuals who were residents on a reserve prior to their death. For more information on this program, talk to your local Indigenous and Northern Affairs Canada office.

CONTACT OTHER ORGANIZATIONS AND ASSOCIATIONS

If the deceased belonged to any associations, unions, organizations or clubs, check if any benefits exist or if there are any membership fee refunds, outstanding dues or bills. Cancel any formal memberships.

OTHERS TO CONTACT

- If no one else resides at the deceased's home, contact Canada Post to have the mail re-directed to you or another address.
- As a courtesy, you may want to contact the deceased's health-care professionals and specialists who aren't aware of the death.
- Check with all utilities and services the deceased had accounts with and arrange for final statements so payments can be made where necessary. Locate any outstanding invoices and arrange for payment.
- Cancel any:
 - ongoing subscriptions,
 - charge cards / credit cards, and
 - government issued identity cards.

Note: Some loans, service contracts and credit card accounts are life insured, so they're automatically paid in full on death with proof of eligibility.

NOTES

[illegible]

NOTES

[illegible]

Questions? We're here to help.

Talk to your advisor about Sun Life today.

For more information and resources, visit www.sunlife.ca
or call 1-877-SUN-LIFE (1-877-786-5433)