

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 sensitive information that could be used to steal your identity.**

**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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age you hope to retire

\_\_\_\_\_  
Date of last booklet update

## Person 2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age you hope to retire

\_\_\_\_\_  
Date of last booklet update

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

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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
Home phone
Email

### Person 2

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

## PERSONAL INFORMATION

### Person 1

Other Website
Current employer Company
Contact name
Phone
<b>Dependants</b> (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
<b>Appointed guardians*</b> (for minor children) Name
Address
Phone
Relationship
Name
Address
Phone
Relationship

### Person 2

Other Website
Current employer Company
Contact name
Phone
<b>Dependants</b> (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
<b>Appointed guardians*</b> (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

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Allergies

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Medications

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Other notes

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### Person 2

Blood type

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Allergies

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Medications

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Other notes

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## IMPORTANT IDENTIFICATION DOCUMENTS, NUMBERS & LOCATION

### Person 1

#### 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

#### 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 Social insurance number, 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

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

### **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

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

## CREDIT CARDS

### Person 1

#### Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

Terms / other information

Location of records

#### Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

Terms / other information

Location of records

### Person 2

#### Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

Terms / other information

Location of records

#### Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

Terms / other information

Location of records

Person 1

Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

Terms / other information

Location of records

Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

Terms / other information

Location of records

Person 2

Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

Terms / other information

Location of records

Account

Type of Card / Issuing organization

Name on card

Card number

Expiry date

Available limit

Customer service phone

Website

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

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

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)

---

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Address

---

City, province, postal code

---

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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

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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.

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## 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

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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.

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\* 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.

## Person 1

<b>Trusteeship</b>
Type of trust
Date trust was established
Co-trustees
Co-trustees phone
Co-trustees email
Beneficiary
Beneficiary phone
Beneficiary email
Financial company
Address
City, province, postal code
Phone
Email
Location of documents
Assets being held in trust

## Person 2

<b>Trusteeship</b>
Type of trust
Date trust was established
Co-trustees
Co-trustees phone
Co-trustees email
Beneficiary
Beneficiary phone
Beneficiary email
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

Beneficiary phone

Beneficiary email

Advisor name

Location of documents

Website

**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

Beneficiary phone

Beneficiary email

Advisor name

Location of documents

Website

**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

**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

**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

---

**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

---

**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

---

### 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

---

**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

---

**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

---

## PENSION & SAVINGS – THROUGH MY EMPLOYER

### Person 1

#### Employee profit sharing plan (EPSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

#### Group registered retirement savings plan (Group RRSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

#### Other

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

### Person 2

#### Employee profit sharing plan (EPSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

#### Group registered retirement savings plan (Group RRSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

#### Other

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

# 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

#### Policy type (home insurance – secondary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

#### Policy type (automobile insurance)

Vehicle make and model

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

### Person 2

#### Policy type (home insurance – primary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

#### Policy type (home insurance – secondary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

#### Policy type (automobile insurance)

Vehicle make and model

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

# 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

---

Beneficiary phone

---

Beneficiary email

---

Location of documents

---

Website

---

**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

---

Beneficiary phone

---

Beneficiary email

---

Location of documents

---

Website

---

## 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

---

Beneficiary phone

---

Beneficiary email

---

Location of documents

---

Website

---

**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

---

Beneficiary phone

---

Beneficiary email

---

Location of documents

---

Website

---

## 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

**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

### 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

**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

## 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

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

### Person 2

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

## PERSONAL INVESTMENTS – NON-REGISTERED (continued)

### Person 1

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

### Person 2

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

#### Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

## PERSONAL SAVINGS PLANS - REGISTERED

### Person 1

#### Registered retirement savings plan (RRSP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### Registered retirement savings plan (RRSP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### LIRA or other locked in plans

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

### Person 2

#### Registered retirement savings plan (RRSP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### Registered retirement savings plan (RRSP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### LIRA or other locked in plans

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

## PERSONAL SAVINGS PLANS - REGISTERED (continued)

### Person 1

#### Tax-free savings account (TFSA)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### Registered education savings plan (RESP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### Other savings plan

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

### Person 2

#### Tax-free savings account (TFSA)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### Registered education savings plan (RESP)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

#### Other savings plan

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

## INCOME PLANS

### 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

Beneficiary

Beneficiary phone

Beneficiary email

#### Annuities

Type of annuity

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

### 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

Beneficiary

Beneficiary phone

Beneficiary email

#### Annuities

Type of annuity

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

\* 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

Beneficiary

Beneficiary phone

Beneficiary email

### Registered retirement income fund (RRIF)

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

### Notes

## Person 2

### Registered retirement income fund (RRIF)

Representative / Institution

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

### Registered retirement income fund (RRIF)

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Beneficiary

Beneficiary phone

Beneficiary email

### 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

#### Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

#### Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

### Person 2

#### Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

#### Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

#### Vehicle lease / loan

Vehicle

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Website

# 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

### Mortgage(s)

Lender

---

Address of mortgage provider

City, province, postal code

---

Phone

---

Email

Location of documents

---

Website

## 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

### Mortgage(s)

Lender

---

Address of mortgage provider

City, province, postal code

---

Phone

---

Email

Location of documents

---

Website

# 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

---

### Mortgage(s)

Lender

---

Address of mortgage provider

---

City, province, postal code

Phone

---

Email

---

Location of documents

Website

---

## 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

---

### Mortgage(s)

Lender

---

Address of mortgage provider

---

City, province, postal code

Phone

---

Email

---

Location of documents

Website

---

## 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

#### Internet

Company

Account number

Phone

Location of records

Website

#### Telephone

Company

Account number

Phone

Location of records

Website

#### Cell phone

Company

Account number

Phone

Location of records

Website

### Person 2

#### Cable

Company

Account number

Phone

Location of records

Website

#### Internet

Company

Account number

Phone

Location of records

Website

#### Telephone

Company

Account number

Phone

Location of records

Website

#### Cell phone

Company

Account number

Phone

Location of records

Website

## MONTHLY / YEARLY EXPENSES AND SUBSCRIPTIONS

### Person 1

#### Newspaper

Company

Account number

Phone

Location of records

Website

#### Gym membership

Company

Account number

Phone

Location of records

#### Magazine subscriptions

Company #1

Account number

Phone

Location of records

Website

Company #2

Account number

Phone

Location of records

Website

### Person 2

#### Newspaper

Company

Account number

Phone

Location of records

Website

#### Gym membership

Company

Account number

Phone

Location of records

#### Magazine subscriptions

Company #1

Account number

Phone

Location of records

Website

Company #2

Account number

Phone

Location of records

Website

## MONTHLY / YEARLY EXPENSES AND SUBSCRIPTIONS (continued)

### Person 1

#### Hydro

Company

Account number

Phone

Location of records

Website

#### Utilities

Company

Account number

Phone

Location of records

Website

#### Other

Company

Account number

Phone

Location of records

Website

#### Other

Company

Account number

Phone

Location of records

Website

### Person 2

#### Hydro

Company

Account number

Phone

Location of records

Website

#### Utilities

Company

Account number

Phone

Website

Location of records

#### Other

Company

Account number

Phone

Location of records

Website

#### Other

Company

Account number

Phone

Location of records

Website

# 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
Website / App
Email
Username
Website / App
Email
Username
Website / App
Email
Username
Website / App
Email
Username
Website / App
Email
Username
Website / App
Email
Username

## Person 2

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

## PLACES OF WORSHIP

## Person 1

# Place of worship

Name

Contact

Address

Phone

Email

## Person 2

# 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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## CLUBS / ASSOCIATIONS / CHARITIES

### Person 1

#### Club / association / charity

Name

Account number

Address

Phone

Email

#### Club / association / charity

Name

Account number

Address

Phone

Email

#### Club / association / charity

Name

Account number

Address

Phone

Email

#### Club / association / charity

Name

Account number

Address

Phone

Email

#### Club / association / charity

Name

Account number

Address

Phone

Email

### Person 2

#### Club / association / charity

Name

Account number

Address

Phone

Email

#### Club / association / charity

Name

Account number

Address

Phone

Email

#### Club / association / charity

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Account number

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#### Club / association / charity

Name

Account number

Address

Phone

Email

#### Club / association / charity

Name

Account number

Address

Phone

Email

# 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

☐ Yes    ☐ No

Person 2

Funeral home

Address

Phone

Email

Location of cemetery plot or niche

Location of deed

Funeral arrangements have been pre-purchased

☐ Yes    ☐ 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- grandparent of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- parents
- brothers / sisters
- affiliations
- achievements
- education
- place of birth
- funeral home location
- visitation hours
- time and place of funeral service
- donations

## 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 February 2025.

**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](http://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](http://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](http://www.sunlife.ca)  
or call 1-877-SUN-LIFE (1-877-786-5433)