

What to do now

A REFERENCE GUIDE FOR YOUR EXECUTOR
(LIQUIDATOR IN QUEBEC)

Life's brighter under the sun



Whatever your age, it's important to let your loved ones know your wishes about estate planning. Although it may be difficult to talk about, this booklet should make it easier to share that information. It will help your executor¹ locate all the documents and information they'll need to take care of matters after you die.

We've provided a place for you to record important details and included a quick, easy-to-follow reference for the person who will be handling your estate.

Please read the entire booklet for a better understanding of what your executor will need to know. You will want to keep this document with your other important documents and in a safe place, as **this booklet contains sensitive and personal information.**

YOUR PERSONAL INFORMATION RECORD. 3

Please complete this information as soon as possible and try to keep it up to date. Make sure that your executor has a copy of this entire booklet or knows where to find this copy.

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FOR THE EXECUTOR 33

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.

¹In this document, the term “executor” will also refer to a liquidator in the province of Quebec.

YOUR PERSONAL INFORMATION RECORD

We recommend that you complete the following pages in pencil so you can easily make changes and updates when necessary. At the back of this booklet, there are notes pages for your additional information.

Note: You may want to verify any phone numbers you have listed to ensure that they are up to date.

PERSONAL INFORMATION

PERSON 1
Your name _____
Address _____ _____
Phone _____
Location of will _____
Last updated _____
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 _____
Name _____
Address _____
Phone _____
Relationship _____

PERSON 2
Your name _____
Address _____ _____
Phone _____
Location of will _____
Last updated _____
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 _____
Name _____
Address _____
Phone _____
Relationship _____

PEOPLE TO CONTACT

PERSON 1

Legal advisor

Name _____

Phone _____

Email _____

Company _____

Accountant

Name _____

Phone _____

Email _____

Company _____

Life insurance/investment advisor(s)

Name _____

Phone _____

Email _____

Company _____

Name _____

Phone _____

Email _____

Company _____

Other financial advisor

Name _____

Phone _____

Email _____

Company _____

Insurance agent (homeowner, automobile, etc.)

Name _____

Phone _____

Email _____

Company _____

Current employer

Company _____

Contact name _____

Phone _____

PERSON 2

Legal advisor

Name _____

Phone _____

Email _____

Company _____

Accountant

Name _____

Phone _____

Email _____

Company _____

Life insurance/investment advisor(s)

Name _____

Phone _____

Email _____

Company _____

Name _____

Phone _____

Email _____

Company _____

Other financial advisor

Name _____

Phone _____

Email _____

Company _____

Insurance agent (homeowner, automobile, etc.)

Name _____

Phone _____

Email _____

Company _____

Current employer

Company _____

Contact name _____

Phone _____

LEGAL AUTHORITY (documents granting someone else the power to handle your affairs)*

PERSON 1

Document name _____

- for financial matters, whether I'm incapacitated or not
- for financial matters, only if I'm incapacitated
- for personal and medical care if I'm incapacitated
- all of the above

Document location _____

Person appointed _____

Address _____

Phone _____

Relationship _____

Contact information for legal advisor who drafted document _____

Document name _____

- for financial matters, whether I'm incapacitated or not
- for financial matters, only if I'm incapacitated
- for personal and medical care if I'm incapacitated
- all of the above

Document location _____

Person appointed _____

Address _____

Phone _____

Relationship _____

Contact information for legal advisor who drafted document _____

Are there any other written records of your wishes regarding medical care (e.g., organ donation card)? (please provide details)

*Quebec 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 2

Document name _____

- for financial matters, whether I'm incapacitated or not
- for financial matters, only if I'm incapacitated
- for personal and medical care if I'm incapacitated
- all of the above

Document location _____

Person appointed _____

Address _____

Phone _____

Relationship _____

Contact information for legal advisor who drafted document _____

Document name _____

- for financial matters, whether I'm incapacitated or not
- for financial matters, only if I'm incapacitated
- for personal and medical care if I'm incapacitated
- all of the above

Document location _____

Person appointed _____

Address _____

Phone _____

Relationship _____

Contact information for legal advisor who drafted document _____

Are there any other written records of your wishes regarding medical care (e.g., organ donation card)? (please provide details)

*Quebec 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.

APPOINTED GUARDIANS* (for minor children)

PERSON 1
Guardian
Name _____
Address _____
Phone _____
Guardian
Name _____
Address _____
Phone _____

PERSON 2
Guardian
Name _____
Address _____
Phone _____
Guardian
Name _____
Address _____
Phone _____

ESTATE BENEFICIARIES

PERSON 1
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____

PERSON 2
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____
Beneficiary
Name _____
Address _____
Phone _____

* In Quebec, guardians are referred to as tutors.

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 _____

LOCATION OF IMPORTANT DOCUMENTS

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 _____

Location of current year's receipts _____

Location of previous years' returns and receipts _____

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 _____

Location of current year's receipts _____

Location of previous years' returns and receipts _____

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

PERSON 1	PERSON 2
Document name _____	Document name _____
Number _____	Number _____
Location _____ _____	Location _____ _____
Document name _____	Document name _____
Number _____	Number _____
Location _____ _____	Location _____ _____
Document name _____	Document name _____
Number _____	Number _____
Location _____ _____	Location _____ _____

LOCATION OF SAFETY DEPOSIT BOXES

PERSON 1	PERSON 2
Location of safety deposit box _____ _____	Location of safety deposit box _____ _____
Location of key _____ _____	Location of key _____ _____
Name, address, phone of others with access _____ _____ _____ _____ _____ _____ _____	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

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

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

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

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

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

ONLINE ACCOUNTS AND PASSWORDS

PERSON 1
Bank accounts
Website _____
Login _____
Password _____
Website _____
Login _____
Password _____
Email account
Website _____
Email _____
Password _____
Other
Website _____
Login _____
Password _____

PERSON 2
Bank accounts
Website _____
Login _____
Password _____
Website _____
Login _____
Password _____
Email account
Website _____
Email _____
Password _____
Other
Website _____
Login _____
Password _____

CHARGE ACCOUNTS/CREDIT CARDS

PERSON 1
Accounts
Company _____
Phone _____
Card number _____
Location of records _____
Company _____
Phone _____
Card number _____
Location of records _____
Company _____
Phone _____
Card number _____
Location of records _____

PERSON 2
Accounts
Company _____
Phone _____
Card number _____
Location of records _____
Company _____
Phone _____
Card number _____
Location of records _____
Company _____
Phone _____
Card number _____
Location of records _____

REAL ESTATE (primary residence)

PERSON 1

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

Sole owner Owner with someone else

If outside of Quebec, 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

Phone

Is your mortgage life insured? (include details)

Location of documents

Mortgage(s)

Lender

Phone

Is your mortgage life insured? (include details)

Location of documents

PERSON 2

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

Sole owner Owner with someone else

If outside of Quebec, 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

Phone

Is your mortgage life insured? (include details)

Location of documents

Mortgage(s)

Lender

Phone

Is your mortgage life insured? (include details)

Location of documents

REAL ESTATE (secondary residence)

PERSON 1

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

Sole owner Owner with someone else

If outside of Quebec, 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

Phone

Is your mortgage life insured? (include details)

Location of documents

Mortgage(s)

Lender

Phone

Is your mortgage life insured? (include details)

Location of documents

PERSON 2

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

Sole owner Owner with someone else

If outside of Quebec, 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

Phone

Is your mortgage life insured? (include details)

Location of documents

Mortgage(s)

Lender

Phone

Is your mortgage life insured? (include details)

Location of documents

LIFE INSURANCE (group and individual insurance)

PERSON 1

Group life insurance

Sponsor company/employer

Plan administrator and phone

Carrier/insurer

Carrier/insurer phone

Group number

Certificate number

Name of insured

Location of documents

Policy type (e.g., basic, optional, and accidental death and dismemberment)

Member ID

Amount

Name of insured

Location of documents

Policy type (e.g., basic, optional, and accidental death and dismemberment)

Member ID

Amount

Name of insured

Location of documents

Policy type (e.g., basic, optional, and accidental death and dismemberment)

Member ID

Amount

Name of insured

Location of documents

PERSON 2

Group life insurance

Sponsor company/employer

Plan administrator and phone

Carrier/insurer

Carrier/insurer phone

Group number

Certificate number

Name of insured

Location of documents

Policy type (e.g., basic, optional, and accidental death and dismemberment)

Member ID

Amount

Name of insured

Location of documents

Policy type (e.g., basic, optional, and accidental death and dismemberment)

Member ID

Amount

Name of insured

Location of documents

Policy type (e.g., basic, optional, and accidental death and dismemberment)

Member ID

Amount

Name of insured

Location of documents

LIFE INSURANCE (continued)

PERSON 1

Individual life insurance

Policy type (e.g., term, universal life, permanent, etc.)

Advisor/representative

Advisor/rep phone

Advisor/rep email

Company

Company phone

Policy number

Amount

Name of insured

Location of documents

Policy type (e.g., term, universal life, permanent, etc.)

Advisor/representative

Advisor/rep phone

Advisor/rep email

Company

Company phone

Policy number

Amount

Name of insured

Location of documents

Policy type (e.g., term, universal life, permanent, etc.)

Advisor/representative

Advisor/rep phone

Advisor/rep email

Company

Company phone

Policy number

Amount

Name of insured

Location of documents

PERSON 2

Individual life insurance

Policy type (e.g., term, universal life, permanent, etc.)

Advisor/representative

Advisor/rep phone

Advisor/rep email

Company

Company phone

Policy number

Amount

Name of insured

Location of documents

Policy type (e.g., term, universal life, permanent, etc.)

Advisor/representative

Advisor/rep phone

Advisor/rep email

Company

Company phone

Policy number

Amount

Name of insured

Location of documents

Policy type (e.g., term, universal life, permanent, etc.)

Advisor/representative

Advisor/rep phone

Advisor/rep email

Company

Company phone

Policy number

Amount

Name of insured

Location of documents

HEALTH INSURANCE (group and individual insurance)

PERSON 1

Group health insurance (e.g., short-term disability, salary continuance benefits and long-term disability)

Company/employer

Company/employer phone

Carrier/insurer

Carrier/insurer phone

Group number

Certificate number

Name of insured

Location of benefit summary/annual statement

Individual health insurance

Policy type (e.g., 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

Policy type (e.g., 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

PERSON 2

Group health insurance (e.g., short-term disability, salary continuance benefits and long-term disability)

Company/employer

Company/employer phone

Carrier/insurer

Carrier/insurer phone

Group number

Certificate number

Name of insured

Location of benefit summary/annual statement

Individual health insurance

Policy type (e.g., 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

Policy type (e.g., 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

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 _____

Policy type (home insurance – secondary residence)*

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Policy number _____

Insured property _____

Location of documents _____

Policy type (automobile insurance)*

Vehicle make and model _____

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Policy number _____

Insured automobile _____

Location of documents _____

* See 'Important note' on page 35.

PERSON 2

Policy type (home insurance – primary residence)*

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Policy number _____

Insured property _____

Location of documents _____

Policy type (home insurance – secondary residence)*

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Policy number _____

Insured property _____

Location of documents _____

Policy type (automobile insurance)*

Vehicle make and model _____

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Policy number _____

Insured automobile _____

Location of documents _____

* See 'Important note' on page 35.

INVESTMENTS – EMPLOYMENT RELATED

PERSON 1

Company pension plan (e.g. registered pension plan – RPP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

Company pension plan (e.g. registered pension plan – RPP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

Deferred profit sharing plan (DPSP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

Employee profit sharing plan (EPSP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

PERSON 2

Company pension plan (e.g. registered pension plan – RPP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

Company pension plan (e.g. registered pension plan – RPP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

Deferred profit sharing plan (DPSP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

Employee profit sharing plan (EPSP)

Company/employer

Company/employer phone

Carrier/financial institution

Carrier/financial institution phone

Group number

Certificate number

Location of documents

INVESTMENTS – EMPLOYMENT RELATED (continued)

PERSON 1	PERSON 2
Group registered retirement savings plan (Group RRSP)	Group registered retirement savings plan (Group RRSP)
Company/employer _____	Company/employer _____
Company/employer phone _____	Company/employer phone _____
Carrier/financial institution _____	Carrier/financial institution _____
Carrier/financial institution phone _____	Carrier/financial institution phone _____
Group number _____	Group number _____
Certificate number _____	Certificate number _____
Location of documents _____	Location of documents _____
_____	_____
Other	Other
Company/employer _____	Company/employer _____
Company/employer phone _____	Company/employer phone _____
Carrier/financial institution _____	Carrier/financial institution _____
Carrier/financial institution phone _____	Carrier/financial institution phone _____
Group number _____	Group number _____
Certificate number _____	Certificate number _____
Location of documents _____	Location of documents _____
_____	_____

INVESTMENTS – NOT EMPLOYMENT RELATED (non-registered)

PERSON 1	PERSON 2
Canada Savings Bond(s) or other bond(s)	Canada Savings Bond(s) or other bond(s)
Representative _____	Representative _____
Rep phone _____	Rep phone _____
Rep email _____	Rep email _____
Company _____	Company _____
Company phone _____	Company phone _____
Account number _____	Account number _____
Location of documents _____	Location of documents _____
_____	_____

INVESTMENTS – NOT EMPLOYMENT RELATED (non-registered – continued)

PERSON 1

Guaranteed investment certificate (GIC)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Accumulation annuity

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Mutual or segregated fund(s)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Mutual or segregated fund(s)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

PERSON 2

Guaranteed investment certificate (GIC)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Accumulation annuity

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Mutual or segregated fund(s)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Mutual or segregated fund(s)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

INVESTMENTS – NOT EMPLOYMENT RELATED (non-registered – continued)

PERSON 1
Stock
Company invested in _____
Representative/company _____

Rep/company phone _____
Rep/company email _____
ID number/account number _____
Location of documents _____
Stock
Company invested in _____
Representative/company _____

Rep/company phone _____
Rep/company email _____
ID number/account number _____
Location of documents _____
Other investments
Type of investment _____
Representative _____
Rep phone _____
Rep email _____
Company _____
Company phone _____
Account number _____
Location of documents _____
Type of investment _____
Representative _____
Rep phone _____
Rep email _____
Company _____
Company phone _____
Account number _____
Location of documents _____

PERSON 2
Stock
Company invested in _____
Representative/company _____

Rep/company phone _____
Rep/company email _____
ID number/account number _____
Location of documents _____
Stock
Company invested in _____
Representative/company _____

Rep/company phone _____
Rep/company email _____
ID number/account number _____
Location of documents _____
Other investments
Type of investment _____
Representative _____
Rep phone _____
Rep email _____
Company _____
Company phone _____
Account number _____
Location of documents _____
Type of investment _____
Representative _____
Rep phone _____
Rep email _____
Company _____
Company phone _____
Account number _____
Location of documents _____

INVESTMENTS – NOT EMPLOYMENT RELATED (registered)

PERSON 1

Registered retirement savings plan (RRSP)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Registered retirement savings plan (RRSP)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Locked-in plans

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Tax-free savings account (TFSA)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

PERSON 2

Registered retirement savings plan (RRSP)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Registered retirement savings plan (RRSP)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Locked-in plans

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Tax-free savings account (TFSA)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

INVESTMENTS – NOT EMPLOYMENT RELATED (registered – continued)

PERSON 1
Registered education savings plan (RESP)
Representative _____
Rep phone _____
Rep email _____
Company _____
Company phone _____
Account number _____
Beneficiaries _____
Location of documents _____

PERSON 2
Registered education savings plan (RESP)
Representative _____
Rep phone _____
Rep email _____
Company _____
Company phone _____
Account number _____
Beneficiaries _____
Location of documents _____

TRUSTEESHIPS

PERSON 1
Trusteeship
Trust you're a trustee for _____
Date trust was established _____
Co-trustees _____

Beneficiaries _____

Location of documents _____

Assets being held in trust _____

PERSON 2
Trusteeship
Trust you're a trustee for _____
Date trust was established _____
Co-trustees _____

Beneficiaries _____

Location of documents _____

Assets being held in trust _____

INCOME PLANS

Note: Please see page 18 for employment pension and investment plans.

PERSON 1

Registered retirement income fund (RRIF)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Registered retirement income fund (RRIF)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Life income fund (LIF) and locked-in plans

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

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.

PERSON 2

Registered retirement income fund (RRIF)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Registered retirement income fund (RRIF)

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Life income fund (LIF) and locked-in plans

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

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.

INCOME PLANS (continued)

PERSON 1

Payout annuity

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Type of annuity _____

Policy number _____

Location of documents _____

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 _____

Income from a trust/estate

Trustee _____

Address _____

Phone _____

Location of documents _____

Details _____

*Note: See page 37 for government agency contact phone numbers.

PERSON 2

Payout annuity

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Type of annuity _____

Policy number _____

Location of documents _____

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 _____

Income from a trust/estate

Trustee _____

Address _____

Phone _____

Location of documents _____

Details _____

*Note: See page 37 for government agency contact phone numbers.

DEBTS/LIABILITIES

PERSON 1

Vehicle lease/loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Other secured debts (please describe)

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Collateral _____

Location of documents _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Collateral _____

Location of documents _____

Other unsecured debts (please describe)

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

PERSON 2

Vehicle lease/loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Other secured debts (please describe)

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Collateral _____

Location of documents _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Collateral _____

Location of documents _____

Other unsecured debts (please describe)

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

MONTHLY/YEARLY EXPENSES AND SUBSCRIPTIONS (primary residence)

PERSON 1

Cable

Company _____

Account number _____

Phone _____

Location of records _____

Internet

Company _____

Account number _____

Phone _____

Location of records _____

Telephone

Company _____

Account number _____

Phone _____

Location of records _____

Cell phone

Company _____

Account number _____

Phone _____

Location of records _____

Hydro

Company _____

Account number _____

Phone _____

Location of records _____

Utilities

Company _____

Account number _____

Phone _____

Location of records _____

PERSON 2

Cable

Company _____

Account number _____

Phone _____

Location of records _____

Internet

Company _____

Account number _____

Phone _____

Location of records _____

Telephone

Company _____

Account number _____

Phone _____

Location of records _____

Cell phone

Company _____

Account number _____

Phone _____

Location of records _____

Hydro

Company _____

Account number _____

Phone _____

Location of records _____

Utilities

Company _____

Account number _____

Phone _____

Location of records _____

MONTHLY/YEARLY EXPENSES AND SUBSCRIPTIONS (secondary residence)

PERSON 1

Cable

Company _____

Account number _____

Phone _____

Location of records _____

Internet

Company _____

Account number _____

Phone _____

Location of records _____

Telephone

Company _____

Account number _____

Phone _____

Location of records _____

Cell phone

Company _____

Account number _____

Phone _____

Location of records _____

Hydro

Company _____

Account number _____

Phone _____

Location of records _____

Utilities

Company _____

Account number _____

Phone _____

Location of records _____

PERSON 2

Cable

Company _____

Account number _____

Phone _____

Location of records _____

Internet

Company _____

Account number _____

Phone _____

Location of records _____

Telephone

Company _____

Account number _____

Phone _____

Location of records _____

Cell phone

Company _____

Account number _____

Phone _____

Location of records _____

Hydro

Company _____

Account number _____

Phone _____

Location of records _____

Utilities

Company _____

Account number _____

Phone _____

Location of records _____

MONTHLY/YEARLY EXPENSES AND SUBSCRIPTIONS (continued)

PERSON 1

Newspaper

Company _____

Account number _____

Phone _____

Location of records _____

Gym membership

Company _____

Account number _____

Phone _____

Location of records _____

Magazine subscriptions

Company _____

Account number _____

Phone _____

Location of records _____

Company _____

Account number _____

Phone _____

Location of records _____

Charitable donations

Company _____

Account number _____

Phone _____

Location of records _____

Company _____

Account number _____

Phone _____

Location of records _____

PERSON 2

Newspaper

Company _____

Account number _____

Phone _____

Location of records _____

Gym membership

Company _____

Account number _____

Phone _____

Location of records _____

Magazine subscriptions

Company _____

Account number _____

Phone _____

Location of records _____

Company _____

Account number _____

Phone _____

Location of records _____

Charitable donations

Company _____

Account number _____

Phone _____

Location of records _____

Company _____

Account number _____

Phone _____

Location of records _____

MONTHLY/YEARLY EXPENSES AND SUBSCRIPTIONS (continued)

PERSON 1
Other
Company _____
Account number _____
Phone _____
Location of records _____
Company _____
Account number _____
Phone _____
Location of records _____
Company _____
Account number _____
Phone _____
Location of records _____
Company _____
Account number _____
Phone _____
Location of records _____

PERSON 2
Other
Company _____
Account number _____
Phone _____
Location of records _____
Company _____
Account number _____
Phone _____
Location of records _____
Company _____
Account number _____
Phone _____
Location of records _____
Company _____
Account number _____
Phone _____
Location of records _____

PLACES OF WORSHIP

PERSON 1
Place of worship

Contact _____
Address _____

Phone _____
Email _____

PERSON 2
Place of worship

Contact _____
Address _____

Phone _____
Email _____

CLUBS/ASSOCIATIONS/CHARITIES

PERSON 1

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

PERSON 2

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

Club/association/charity

Address

Phone

Email

FUNERAL ARRANGEMENTS

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
Note: Record all pre-planned funeral details and keep this information in the back of this booklet.

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
Note: Record all pre-planned funeral details and keep this information in the back of this booklet.

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

PERSON 1

PERSON 2

FOR THE EXECUTOR

There are many details that need to be taken care of when someone dies. Within ‘Your personal information record’, you will find details to help you know who to contact. The following lists and information will help you navigate through these details, but 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, 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 'Your personal information record' section 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 will 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 Quebec, 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.

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.

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 children under the age of 18,
- 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.

CONTACT THE LIFE INSURANCE ADVISOR

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

Special procedures will be necessary if the beneficiary is:

- a minor, or
- legally incompetent.

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

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 Quebec, 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

You will 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.

CONTACT THE EMPLOYER OR BUSINESS ASSOCIATES

Be sure to inform all current employers 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.

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

CONTACT GOVERNMENT AGENCIES

(contact information is current as of April 2016)

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 Quebec, contact the QPP offices (Régie des rentes) at:

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

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, or call your local office at the number found in the Government Blue Pages of your phone book.

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 will 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).
- **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.
- **Decedent estates program** – 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.

QUESTIONS? WE'RE HERE TO HELP.

Talk to your advisor about Sun Life Financial today.

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

Life's brighter under the sun

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810-3485-05-16

