

Personal Planning Form

Date Completed: \_\_\_\_\_

A. Personal Information

**1. Contact Information**

**Partner 1**

Full Legal Name \_\_\_\_\_

Address: \_\_\_\_\_

Town/ Municipality for Realty Tax Purposes: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Facsimile: Home: \_\_\_\_\_ Business: \_\_\_\_\_

E-Mail: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Citizenship(s): \_\_\_\_\_ Occupation (attach business card): \_\_\_\_\_

Residence for Income Tax Purposes: \_\_\_\_\_

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

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

Do you have or have you ever had a U.S. Green Card? \_\_\_\_\_

Are you of Aboriginal background?

If so, are you registered Indian as defined in the Indian Act? Yes  No

**Partner 2**

Full Legal Name \_\_\_\_\_

Address: Same As Above

Telephone: Home: Same as above  or \_\_\_\_\_ Business: \_\_\_\_\_

Facsimile: Home: Same as above  or \_\_\_\_\_ Business: \_\_\_\_\_

E-Mail: Home: Same as above  or \_\_\_\_\_ Business: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Citizenship(s): \_\_\_\_\_ Occupation (attach business card): \_\_\_\_\_

Residence for Income Tax Purposes: \_\_\_\_\_

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

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

Do you have or have you ever had a U.S. Green Card? \_\_\_\_\_

Are you of Aboriginal background?

If so, are you registered Indian as defined in the Indian Act? Yes  No

**2. Marital Status:**

**Partner 1**

Engaged  Married  Common Law  Divorced  Separated  Single  Widow/widower

If married, date of marriage: \_\_\_\_\_ Maiden name if applicable: \_\_\_\_\_

Marriage Contract? Yes  No  (If yes, copy required)

If common law date of beginning of co habitation: \_\_\_\_\_ Cohabitation Agreement? Yes  No  (if yes, copy required)

If divorced, date of divorce: \_\_\_\_\_ Divorce Judgement? Yes  No  (if yes, copy required)

If separated, dated of separation: \_\_\_\_\_ Separation Agreement? Yes  No  (if yes, copy required)  
Any obligations to former spouse or other dependents?  
Yes  No

**Partner 2**

Engaged  Married  Common Law  Divorced  Separated  Single  Widow/widower

If married, date of marriage: \_\_\_\_\_ Maiden name if applicable: \_\_\_\_\_

Marriage Contract? Yes  No  (If yes, copy required)

If common law date of beginning of co habitation: \_\_\_\_\_ Cohabitation Agreement? Yes  No  (if yes, copy required)

If divorced, date of divorce: \_\_\_\_\_ Divorce Judgement? Yes  No  (if yes, copy required)

If separated, dated of separation: \_\_\_\_\_ Separation Agreement? Yes  No  (if yes, copy required)  
 Any obligations to former spouse or other dependents?  
 Yes  No

3. **Dependents:**

**Children of Present Union**

Name	Address	Date of Birth	Marital Status	Special Needs

**Partner 1's Children**

Name	Address	Date of Birth	Marital Status	Special Needs

**Partner 2's Children**

Name	Address	Date of Birth	Marital Status	Special Needs

**Grandchildren**

Name(including names of parents)	Address	Date of Birth

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

**Other Dependents (i.e. parents, siblings)**

Name	Relationship

**4. Pets**

Do you have any pet(s)? Yes  No

If yes, please provide details: \_\_\_\_\_

Arrangements for their care in case of your death: \_\_\_\_\_

**5. Genetic Material:**

**Partner 1**

Do you have any genetic material (cord blood, sperm, eggs, embryo) deposited and/or stored with a third party? Yes  No

If yes, please provide details: \_\_\_\_\_

**Partner 2**

Do you have any genetic material (cord blood, sperm, eggs, embryo) deposited and/or stored with a third party? Yes  No

If yes, please provide details: \_\_\_\_\_

**B. ASSETS**

**1. Bank Accounts:**

Name of Bank: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Accounts Number(s): \_\_\_\_\_

In whose Name: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Accounts Number(s): \_\_\_\_\_

In whose Name: \_\_\_\_\_

Average Balance: \_\_\_\_\_

**2. Real Estate:**

Principle Residence:

Address: Same as home

Title: Joint tenants with spouse/ partner  Self  Spouse  Tenants-in-common

Other (specify)  \_\_\_\_\_

Acquisition Date and Cost: \_\_\_\_\_ Mortgage/Loan Balance: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_

Vacation Property:

Address: \_\_\_\_\_

Title: Joint tenants with spouse/ partner  Self  Spouse  Tenants-in-common

Other (specify)  \_\_\_\_\_

Acquisition Date and Cost: \_\_\_\_\_ Mortgage/Loan Balance: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_

Retail/ Investment Property:

Address: \_\_\_\_\_

Title: Joint tenants with spouse/ partner  Self  Spouse  Tenants-in-common

Other (specify)  \_\_\_\_\_

Acquisition Date and Cost: \_\_\_\_\_ Mortgage/Loan Balance: \_\_\_\_\_

Approximate Value: \_\_\_\_\_ If rented, terms of Rental: \_\_\_\_\_

**3. Safety Deposit Box:**

Bank	Ownership	Key Location

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

Name, Address and Telephone number of Investment Advisor: \_\_\_\_\_

**Partner 1**

Institution	Account Number	Approximate Value

Are any of your investments segregated funds? \_\_\_\_\_

**Partner 2**

Institution	Account Number	Approximate Value

Are any of your investments segregated funds? \_\_\_\_\_

**Jointly Held Investments (Right of Survivorship)**

Institution	Account Number	Approximate Value

**5. RRSPs and RRIFs:**

**Partner 1**

Institution	Account Number	Value	Beneficiary

**Partner 2**

Institution	Account Number	Value	Beneficiary

**6. Tax Free Savings Account:**

**Partner 1**

Institution	Account Number	Value	Beneficiary

**Partner 2**

Institution	Account Number	Value	Beneficiary

**7. Registered Pension Plans and Annuities:**
**Partner 1**

Company	Beneficiary

Do you have any Registered Pension Plans which are locked- in accounts? \_\_\_\_\_

**Partner 2**

Company	Beneficiary

Do you have any Registered Pension Plans which are locked- in accounts? \_\_\_\_\_

**8. Registered Education Savings Plans:**

Institution	Subscriber (Sole or joint)	Type of Plan ( Individual or family)

**9. Registered Disability Savings Plan:**

Institution	Plan Holder	Beneficiary

**10. Personal Property:**

Approximate value of household good and furniture: \_\_\_\_\_

Ownership and approximate value of special items (antiques, jewelry, heirlooms, art, collections): \_\_\_\_\_

 Do you own any patents? Yes  No 

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

**11. On-Line Assets:**

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

Do you conduct any on-line business (i.e. ebay, etc.)? Yes  No

If so, what is the approximate value? \_\_\_\_\_

Do you have any on-line accounts (i.e. paypal account, etc.)? Yes  No

If so, what is the approximate value? \_\_\_\_\_

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

**12. Notes and Accounts Receivable:**

**Partner 1**

Debtor	Individual or Corporation	Approximate Value

**Partner 2**

Debtor	Individual or Corporation	Approximate Value

**13. Life Insurance:**

**Partner 1**

Name of Company	Policy Number and Plan Type	Face value	Beneficiary

**Partner 2**

Name of Company	Policy Number and Plan Type	Face value	Beneficiary



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

Name of Company	Policy Number and Plan Type	Face value	Beneficiary

**14. Business Interests:**

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

If incorporated, Private Corporation Number: \_\_\_\_\_

Active Business: Yes  No  Holding Company: Yes  No

Shareholder Agreement: Yes  No  (If yes, provide a copy)

If incorporated, names of shareholders and percentage interests: \_\_\_\_\_

Partnership Agreement: Yes  No  ( if yes, please provide a copy)

Approximate value of business Interests: \_\_\_\_\_

Name, Address and Telephone Number of Accountants: \_\_\_\_\_

**15. Other Assets:**

**16. Liabilities and Guarantees:**

Name of Creditor	Amount Owed	By Whom

**C. Current Estate Planning:**

**1. Wills and Powers of Attorney**

**Partner 1**

**Partner 2**

Have you made a previous Will?

Yes  No   
Date:

Yes  No   
Date:

Do you have an existing Power of Attorney for Property?

Yes  No   
Date:

Yes  No   
Date:

Do you have an existing Power of Attorney For Personal Care?

Yes  No   
Date:

Yes  No   
Date:

Do you have an existing Living Will?

Yes  No   
Date:

Yes  No   
Date:

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

Name of Lawyer/Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

If yes, does the lawyer/law firm have an original copy of your previous will? Yes  No

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

**2. Trust and Agreements**

**Partner 1**

**Partner 2**

*Inter Vivos* Trust (i.e. Family Trust)?

Yes  No

Yes  No

Acting or appointed executor of another estate/Trust?

Yes  No

Yes  No

Are there any agreements binding on the estate?

Yes  No

Yes  No