

Will Planning Checklist



DATE: _____

Personal Information

1. Full name: _____
Any other name used: _____
2. Address: _____
3. Telephone numbers: (Res) _____ (Bus) _____
4. Occupation: _____ SIN: _____
5. Citizenship: _____ Date of birth: _____
6. Name of spouse in full: _____
7. Spouse's address: _____
8. Spouse's Citizenship: _____ Date of birth: _____
9. Date of marriage: _____
10. Have you previously been married? Yes or No
11. If yes, any children from the marriage? Yes or No
12. Date & place of divorce (if any): _____
13. Support payments to spouse: _____
14. Support payments to children: _____
15. Do you presently have a will? Yes or No
Does your spouse? Yes or No
16. Details of any domestic contracts: _____

17. Details of any divorce decrees: _____



Domicile Information

1. Place of Birth: _____
2. Place of Residence when married: _____
3. Place of Marriage: _____
4. Do you have a marriage contract? Yes or No
5. Is your present residence permanent? Yes or No
If no, explain: _____

Family information re: Children

1. Full Name: _____ Date of Birth: _____
Address: _____
Marital Status _____ Name of Spouse: _____
2. Full Name: _____ Date of Birth: _____
Address: _____
Marital Status _____ Name of Spouse: _____
3. Full Name: _____ Date of Birth: _____
Address: _____
Marital Status _____ Name of Spouse: _____
4. Full Name: _____ Date of Birth: _____
Address: _____
Marital Status _____ Name of Spouse: _____



Other Beneficiaries to be Considered

1. Full Name: _____ Relationship to you: _____
Address: _____
2. Full Name: _____ Relationship to you: _____
Address: _____
3. Full Name: _____ Relationship to you: _____
Address: _____
4. Full Name: _____ Relationship to you: _____
Address: _____
5. Do any of these people have a financial need now, or will they have such a need in the event of your death?

6. Are you currently supporting or providing funds to anyone else?



Executors & Guardians

1. Proposed Executor(s)

a) Name: _____ b) Name: _____

Address: _____ Address: _____

2. Alternate Executor(s)

a) Name: _____ b) Name: _____

Address: _____ Address: _____

3. Proposed Guardian(s)

a) Name: _____ b) Name: _____

Address: _____ Address: _____

4. Alternate Guardian(s)

a) Name: _____ b) Name: _____

Address: _____ Address: _____

5. Will guardian(s) require funds from your estate to look after your children?

6. Will the children be residing outside of Manitoba? Yes or No



Information about your assets: (Please mark as N/A any request for information not relevant to your asset position and use last page for additional information if necessary.)

1. Residence: _____
2. Year Purchased: _____
3. Cost when purchased: _____
- a) Manner of Ownership (if jointly, who is the joint owner?) _____

- b) Current value (approx.) _____
- c) Outstanding Mortgage (approx.)
 - First: _____ Mat. Date: _____
 - Second: _____ Mat. Date: _____
 - Interest Rate: _____
- d) Is this your principal residence or that of your spouse? _____

Recreational Property

1. Address: _____
2. Year Purchased: _____
3. Cost when purchased: _____
4. Manner of Ownership (if jointly, who is the joint owner?) _____

5. Current value (approx.) _____
6. Outstanding Mortgage (approx.)
 - First: _____ Mat. Date: _____
 - Second: _____ Mat. Date: _____
 - Interest Rate: _____
7. Is this your principal residence or that of your spouse? _____



Rental Property Owned by you

1. Address: _____
2. Year Purchased: _____ 3. Cost when purchased: _____
3. Manner of Ownership (if jointly, who is the joint owner?) _____

4. Current value (approx.) _____
5. Outstanding Mortgage (approx.)
 - First: _____ Mat. Date: _____
 - Second: _____ Mat. Date: _____
 - Interest Rate: _____
6. Is this your principal residence or that of your spouse? _____

Farm or Business Property

1. Address: _____
2. Year Purchased: _____ 3. Cost when purchased: _____
3. Manner of Ownership (if jointly, who is the joint owner?) _____

4. Current value (approx.) _____
5. Outstanding Mortgage (approx.)
 - First: _____ Mat. Date: _____
 - Second: _____ Mat. Date: _____
 - Interest Rate: _____
6. Is this your principal residence or that of your spouse? _____



Pension & Other Plans

Do you belong to or contribute to a company pension plan? Yes or No

Who is the beneficiary? _____

Describe benefits: _____

(obtain copies of plans if possible)

Have you contributed to the Canada of Quebec Pension Fund? Yes or No
Number of years? _____

Do you have a Registered Retirement Savings Plan(s)? Yes or No

a) Company: _____

b) Current Value: _____

c) Beneficiary: _____

Does your spouse have any of the above plans? _____

Insurance on your life or owned by you

Name of Insurance Company? _____

a) Face Value of Policy: _____

b) Policy Number: _____

c) Type of Policy: _____

d) Who pays the premium?: _____

e) Name of Beneficiary?: _____

f) Owner: _____



Group Life Insurance

Name of Insurance Company? _____

Address of Insurance Company? _____

a) Face Value of Policy: _____

b) Policy Number: _____

c) Type of Policy: _____

d) Who pays the premium?: _____

e) Name of Beneficiary?: _____

Investments

1. Stocks – Where are they held? _____

Approx. Value: _____ Approx. Cost: _____

Are any companies located outside Canada? _____

2. Mortgages – Where are they held? _____

Approx. Value: _____ Approx. Cost: _____

Are any on real property located outside of Canada? _____

3. RRSPs – Where are they held? _____

Approx. Value: _____ Approx. Cost: _____

Are any companies located outside Canada? _____

4. Non-Registered Investments – Where are they held? _____

Approx. Value: _____ Approx. Cost: _____

Are any companies located outside Canada? _____

Compliments of Doug Buss, CFP * CLU * CPCA

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Business or Professional Financial Information

Business Name: _____
Address: _____
Type of Business: a) Partnership _____ b) Limited Company _____
Fiscal Year End: _____
Has buy-sell or other agreement been entered into? _____
(provide copy of same)
If incorporated, year of incorporation: _____

Personal & Household Items

Approx. Total Value: _____
Insured Value: _____

Listed Personal Property (paintings, jewelry, stamps, sculptures, etc.)

Approx. Total Value: _____
Description: _____

Bank Accounts

Approx. Total Value: _____
Are any accounts joint: _____ Yes or No

Automobile

Year of Automobile: _____ Make of Automobile: _____
Value: _____
Year of Automobile: _____ Make of Automobile: _____
Value: _____

Safety Deposit Boxes

Location: _____
Box Number: _____
Registered Name: _____
Location of Key: _____



Interests (estates, trusts, expected inheritances, etc.)

Foreign Income (dividends or rental payment)

Other assets (please identify which, if any, are situated outside of Manitoba)

Liabilities (list bank loans & other significant debts or contingent liabilities)

1. Amount of Debt: _____ Owed to: _____
Address: _____

2. Amount of Debt: _____ Owed to: _____
Address: _____

3. Amount of Debt: _____ Owed to: _____
Address: _____

4. Amount of Debt: _____ Owed to: _____
Address: _____



Preliminary consideration concerning the distribution of your estate

1. Specific burial instructions: _____

2. Do you wish to make specific bequests of personal items in your will? If so, please describe the item and the beneficiary in detail, to clearly identify each: _____

3. Do you wish to make specific cash legacies to individuals and/or charities? If so, please describe the item and the beneficiary in detail, to clearly identify each: _____

4. Provisions for spouse: (outright distribution or trust estate) _____

5. Provisions for children: (immediate payment or hold-up of capital to specific age)

6. Provisions for others: _____

7. Alternate provision if spouse and/or children predecease you: _____

8. Do any beneficiaries require special financial or protective care?: _____



- 9. At your death, is your business interest to be continued or sold?: _____

- 10. If business is to be continued, who do you contemplate could manage it?: _____

- 11. Do you feel your assets are sufficient to provide for your dependents?: _____

- 12. Please note any relevant information: _____

Professional Advisors

- Solicitor: _____
- Accountant: _____
- Investment Advisor: _____
- Banker: _____
- Insurance Advisor: _____