

A smiling woman with short grey hair, wearing sunglasses, a purple puffer jacket, a colorful scarf, and white gloves, is hiking on a trail. She has a green backpack on her back. The background shows a scenic view of mountains and a valley with autumn foliage. A large white geometric shape is overlaid on the image.

# Personal records organizer

LEGACY PLANNING

# People to contact

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Use this document to organize information about your personal and financial affairs.

It will serve as a valuable resource for your survivors and estate administrators upon your death.

Keep it in a safe place along with your other important papers and be sure to let your family know where it's kept.

## Next of kin

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Your name:

\_\_\_\_\_

Date completed/last updated:

\_\_\_\_\_

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## Executor (or Liquidator in Quebec)

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Employer/business office

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Lawyer/notary

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Accountant/tax preparer

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Financial institution(s)

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## IG Consultant:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## Others

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

# Estate documents

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## Financial decisions

Do you have a “Power of Attorney for Finances”?

Yes  No

If so, where is this document kept?

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**For Quebec residents:**

Do you have a “Mandate in Case of Incapacity”?

Yes  No

If yes, where is this document kept?

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## Medical/personal care decisions

Do you have a “Power of Attorney for Personal Care”, “Health Care Directive” or “Living Will” (if allowed in your province)?

Yes  No

If yes, where is this document kept?

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**For Quebec residents:**

Do you have a “Mandate in Case of Incapacity”?

Yes  No

If yes, where is this document kept?

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## Will

Do you have a Will?

Yes  No

The original is located:

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A copy is located:

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The Will was dated/last updated:

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## Organ donation

Do you want to donate your organs or body for transplant, medical research or education?

Yes  No

If yes, explain:

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**Have you expressed this in your:**

Will and/or Living Will

Organ donor card

Driver's license/provincial health card

**Have you informed your:**

Doctor

Next of kin

Living Will representative

Mandatary or representative (for residents of Quebec)

## Funeral arrangements

## Notes

Have you made funeral arrangements?

Yes  No

Funeral home:

Telephone:

Address line 1:

Address line 2:

City/town:

Province: Postal Code:

Have you set out instructions in your Will?

Yes  No

In a letter?

Yes  No

They are located:

Do you own a cemetery plot?

Yes  No

Have you provided for its ongoing care?

Yes  No

The plot is located:

The deed to it is kept:

# Personal details

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## Personal data

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Location of birth certificate: \_\_\_\_\_

Social insurance/social security number: \_\_\_\_\_

## Digital assets

What online accounts and services do you have that you want your survivors to be able to access and terminate (if applicable)?

Computer login \_\_\_\_\_

Email account(s) \_\_\_\_\_

Digital media accounts (i.e. music, videos, books) \_\_\_\_\_

Social media:

Facebook  Yes  No \_\_\_\_\_

Twitter  Yes  No \_\_\_\_\_

LinkedIn  Yes  No \_\_\_\_\_

Instagram  Yes  No \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Citizenship papers

Do you have a Passport?

Yes  No

Do you have a Permanent Resident or Landed Immigrant Card?

Yes  No

Location of original documents: \_\_\_\_\_

## Marriage/Divorce certificates

Marriage certificate

Yes  No

Civil Union/Domestic Partnership licence

Yes  No

Divorce certificate

Yes  No

Location of original documents: \_\_\_\_\_

## Domestic contracts

Do you have a:

Co-habitation agreement?  Pre-nuptial agreement?

Marriage contract?  Separation agreement?

Divorce order?

Location of original documents: \_\_\_\_\_

\_\_\_\_\_

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## Military service

Are you currently on active duty?

Yes  No

If you have been discharged, your discharge papers are located:

\_\_\_\_\_

Country of enlistment:

\_\_\_\_\_

Veteran's number:

\_\_\_\_\_

Do you have a military pension?

Yes  No

## Club or association memberships

Name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Province:

Postal Code:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Province:

Postal Code:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Province:

Postal Code:

\_\_\_\_\_

## Loyalty reward programs

Name:

\_\_\_\_\_

Account number:

\_\_\_\_\_

Name:

\_\_\_\_\_

Account number:

\_\_\_\_\_

Name:

\_\_\_\_\_

Account number:

\_\_\_\_\_

Name:

\_\_\_\_\_

Account number:

\_\_\_\_\_

Name:

\_\_\_\_\_

Account number:

\_\_\_\_\_

Name:

\_\_\_\_\_

Account number:

\_\_\_\_\_

# Financial commitments

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## Rent or mortgage payments

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## Outstanding loans/lines of credit/credit or charge cards/business loans/guarantees

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

## Other financial obligations (i.e. auto lease, spousal or child support, etc.)

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Nature of Obligation: \_\_\_\_\_  
\_\_\_\_\_

Amount \$ \_\_\_\_\_  
Due date: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Nature of Obligation: \_\_\_\_\_  
\_\_\_\_\_

Creditor: \_\_\_\_\_  
Nature of Obligation: \_\_\_\_\_  
\_\_\_\_\_



# Insurance

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## Life insurance

### Policies you own on your life:

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

### Policies you own on others:

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

### Policies others own on your life:

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Owner of policy: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

## Disability, critical illness or long term care insurance

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

## Hospital & medical insurance

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

## Out of province travel insurance

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\_\_\_\_\_

# Investments

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## Investment funds

Name of fund: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Advisor's name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Registered owner(s): \_\_\_\_\_

Name of fund: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Advisor's name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Registered owner(s): \_\_\_\_\_

Name of fund: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Advisor's name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Registered owner(s): \_\_\_\_\_

Name of fund: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Advisor's name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Registered owner(s): \_\_\_\_\_

## Annuity contracts

Policy number: \_\_\_\_\_  
Carrier name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

Policy number: \_\_\_\_\_  
Carrier name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
City/town: \_\_\_\_\_

**Do you receive income from them?**

Yes  No

Information about these annuities is located: \_\_\_\_\_  
\_\_\_\_\_

## Guaranteed investment funds and/or segregated funds

Policy number: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Annuitant(s): \_\_\_\_\_  
Beneficiary (ies): \_\_\_\_\_  
Advisor: \_\_\_\_\_

---

## Securities

Do you own any stocks or bonds?

Yes  No

Information about them is located:

\_\_\_\_\_

Are any of your securities pledged for loans?

Yes  No

If yes, with whom:

\_\_\_\_\_

Are you a member of a registered pension plan?

Yes  No

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

Do you have a registered retirement savings plan (RRSP)?

Yes  No

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

Do you have a registered retirement income fund (RRIF)?

Yes  No

Account #:

\_\_\_\_\_

Carrier name:

\_\_\_\_\_

Address line 1:

\_\_\_\_\_

Address line 2:

\_\_\_\_\_

City/town:

\_\_\_\_\_

Beneficiary (ies):

\_\_\_\_\_

---

**Are you a holder of a tax-free savings account (TFSA)?**

Yes  No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary/successor holder:

**Are you a holder of a registered disability savings plan (RDSP)?**

Yes  No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

**Are you a subscriber to a registered education savings plan (RESP)?**

Yes  No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

**Are you a member of a deferred profit sharing plan (DPSP)?**

Yes  No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

Information about this plan is located:

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

# Residence and real estate

## Residence and real estate

TYPE OF REAL ESTATE (E.G. HOUSE, CONDO, ETC.)	TITLE IS HELD BY (SELECT ONE)	IS THERE A MORTGAGE? (SELECT ONE)	MORTGAGE IS HELD BY:
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	

## Where are the following located?

Certificates of title:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property tax receipts:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Copy of mortgages:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Leases:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property insurance policies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Building cost figures  
 (original value plus capital improvements to date):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Land surveys:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mortgage insurance policy:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Personal property

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## Vehicles

List all vehicles you own:

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Vehicle registrations are located:

---

---

Bill of sale and insurance papers are located:

---

---

Are household furnishings insured?

Yes  No

Bills of sale, an inventory of and insurance policies for household furnishings are located:

---

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Jewelry, stamp collections, coin collections, appraisal documents, etc. are located:

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---

Collections/heirlooms/items of special value:

---

---

---

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## Outstanding Debts

People who owe you money

Name: 

---

Amount: 

---

Date: 

---

Demand/maturity date: 

---

Address line 1: 

---

Address line 2: 

---

City/town: 

---

Name: 

---

Amount: 

---

Date: 

---

Demand/maturity date: 

---

Address line 1: 

---

Address line 2: 

---

City/town: 

---

## Trust funds

Are you a beneficiary of any trusts?

Yes  No

Purpose: 

---

Trustees are: 

---

Trust papers are located: 

---

Amount \$: 

---

Are you a trustee of any trusts?

Yes  No

Purpose: 

---

Trust papers are located: 

---

# Net worth statement

ASSETS	WHAT YOU OWN	CURRENT AMOUNT
Liquid assets	Cash on hand	\$
	Chequing/savings/broker accounts	\$
	Canada Savings Bonds	\$
	Term deposits/investment certificates	\$
	Other	\$
Marketable assets	Government/corporate bonds	\$
	Common shares	\$
	Preferred shares	\$
	Mutual funds	\$
	Real estate investments	\$
	Segregated funds/guaranteed investment funds	\$
	Other (business interest, farm, etc.)	\$
		\$
Long-term assets	Cash value of life insurance (also indicate amounts to be received as death benefit by your estate upon your death)	\$
	Registered retirement savings/income plans	\$
	Registered education savings plans	\$
	Tax-free savings accounts	\$
	Registered disability savings plans	\$
	Other (pensions/profit sharing plans, etc.)	\$
Personal assets	Personal residence	\$
	Recreation property	\$
	Vehicles	\$
	Household furnishings/equipment	\$
	Other (art, coins, jewelry, etc.)	\$
	\$	
	<b>TOTAL ASSETS</b>	<b>\$</b>
LIABILITIES	WHAT YOU OWE	CURRENT AMOUNT
Short-term debt	Charge accounts/credit cards	\$
	Loans/lines of credit	\$
		\$
	Taxes (income/property tax owing)	\$
	Other (life insurance loans, etc.)	\$
Long-term debt	Unpaid bills	\$
	Home mortgage	\$
	Other property mortgage	\$
	Other (line of credit, margin account, etc.)	\$
	<b>TOTAL LIABILITIES</b>	<b>\$</b>
	<b>Total assets minus total liabilities = NET WORTH</b>	<b>\$</b>

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## RETTINGER & ASSOCIATES

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