

CONFIDENTIAL
Estate Planning
ORGANIZER

This Estate Planning Organizer is provided as a resource to you, our alumni and friends of the University of Alberta, and we hope it will be helpful to you.

Name _____

Date _____

Confidential Estate Planning Organizer

Name _____

Address _____

City _____

Prov/State _____ Postal Code/Zip Code _____

Home phone _____ Cell phone _____

Email address _____

Occupation _____

Employer _____

Are you Retired? Yes No

PERSONAL AND FAMILY INFORMATION

Your date of birth _____ Place of birth _____

Social Insurance Number _____ Other names used (maiden name, etc) _____

Marital status

Single Married Domestic Partner Widowed Divorced Legally Separated

Spouse's name _____ Spouse's date of birth _____

Place of birth _____ Social Insurance Number _____

If you have a prenuptial agreement or a separation agreement, please bring a copy of the agreement to your attorney's office.

Were you previously married? Yes No

Was your spouse previously married? Yes No

Are you a Canadian citizen? Yes No

If not a Canadian citizen, other citizenship _____

Is your spouse a Canadian citizen? Yes No

If not a Canadian citizen, other citizenship _____

Do you have a passport? Yes No

Passport number _____ Citizenship _____

FAMILY HISTORY

Father's name _____

Birthdate _____ Birthplace _____

Mother's name _____

Birthdate _____ Birthplace _____

CHILDREN AND DEPENDENTS

(Please specify if a child is adopted, from a prior marriage, or deceased.)

(1) Child's name _____ Date of birth _____

Child's spouse/partner _____

Dependent(s) _____

Home phone _____ Cell phone _____

(2) Child's name _____ Date of birth _____

Child's spouse/partner _____

Dependent(s) _____

Home phone _____ Cell phone _____

(3) Child's name _____ Date of birth _____

Child's spouse/partner _____

Dependent(s) _____

Home phone _____ Cell phone _____

(4) Child's name _____ Date of birth _____

Child's spouse/partner _____

Dependent(s) _____

Home phone _____ Cell phone _____

NEXT-OF-KIN/OTHER CONTACTS

Name _____ Relationship to you _____

Home phone _____ Cell phone _____

Name _____ Relationship to you _____

Home phone _____ Cell phone _____

LOCATION OF DOCUMENTS

Location of Documents	
Birth Certificate	
Marriage Certificate	
Divorce Agreement	
Custody/Adoption Records	
Passport	
Insurance Policies	
Mortgage	
Tax Returns	

FINANCIAL INFORMATION: ASSETS

BANKING

Account 1	
Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	
Account 2	
Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	

Account 3	
Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	
Account 4	
Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	
Safety Deposit Box	
Institution	
Address	
City/Province/Postal	
Phone	
Location of Key	
Contents	

REAL ESTATE

Principal Residence	
Owner	
Address	
City/Province/Postal	
Mortgage Information	
Account Holder(s)	
Account #	
Institution	
Secondary Residence	
Owner	
Address	
City/Province/Postal	
Mortgage Information	
Account Holder(s)	
Account #	
Institution	
Other Residence	
Owner	
Address	
City/Province/Postal	
Mortgage Information	
Account Holder(s)	
Account #	
Institution	

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS

Financial Institution	Location	Principal Value	Maturity Date	How Owned (Individually, Joint)

PRIVATELY HELD STOCKS AND BUSINESS INTERESTS

Investment	Form of Organization	Value	Owner (You, Spouse, Trust, etc.)	Percent of Ownership

REGISTERED FUNDS (RRSP, RRIF, RESP, TFSA, ETC.)

Financial Institution	Type (RRSP, RRIF, RESP, TFSA)	Current Value	Owner	Beneficiaries (Primary and Contingent)

LIFE INSURANCE

Policy Information	
Institution/Company	
Owner	
Insured	
Cash Value	
Loans Against	
Policy #	
Beneficiaries	
Policy Information	
Institution/Company	
Owner	
Insured	
Cash Value	
Loans Against	
Policy #	
Beneficiaries	
Policy Information	
Institution/Company	
Owner	
Insured	
Cash Value	
Loans Against	
Policy #	
Beneficiaries	

REGISTERED PENSION PLAN

Do you belong to a company pension plan? Yes No

Name of plan _____

Beneficiaries _____

Does your spouse belong to a company pension plan? Yes No

Name of plan _____

Beneficiaries _____

ASSET INVENTORY (TANGIBLE PERSONAL PROPERTY)

(VEHICLES, JEWELRY, FURNITURE, ARTWORK, ETC.)

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

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Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

FUTURE OR CONTINGENT INCOME AND ASSETS

I (or my spouse) am a beneficiary of a bequest(s).

Name of testator _____ Approximate value _____

Name of testator _____ Approximate value _____

Name of testator _____ Approximate value _____

I (or my spouse) am a beneficiary of a trust fund(s).

Name of trust _____ Approximate value _____

Name of trust _____ Approximate value _____

Name of trust _____ Approximate value _____

I (or my spouse) am a beneficiary of another income or asset(s).

Description and value _____

FINANCIAL INFORMATION: LIABILITES

Credit Card			
Institution			
Phone #			
Name on Card			
Card #			
Expiry Date		Security Code	
Username		Password	
Credit Card			
Institution			
Phone #			
Name on Card			
Card #			
Expiry Date		Security Code	
Username		Password	

Credit Card			
Institution			
Phone #			
Name on Card			
Card #			
Expiry Date		Security Code	
Username		Password	
Line of Credit			
Institution			
Phone #			
Account #			
Approximate Amount			
Username		Password	
Line of Credit			
Institution			
Phone #			
Account #			
Approximate Amount			
Username		Password	
Personal/Private Loans			
Type of Loan			
Amount of Loan			
Lender/Institution			
Telephone/Email			

Personal/Private Loans	
Type of Loan	
Amount of Loan	
Lender/Institution	
Telephone/Email	
Other Payments	
Type	
Amount	
Payee	
Telephone/Email	
Other Payments	
Type	
Amount	
Payee	
Telephone/Email	
Notes	

PROFESSIONAL ADVISORS

LAWYER

Firm name _____

Address _____ Contact _____

Phone _____ Email _____

ACCOUNTANT

Firm name _____

Address _____ Contact _____

Phone _____ Email _____

INVESTMENT ADVISOR

Firm name _____

Address _____ Contact _____

Phone _____ Email _____

LIFE INSURANCE AGENT

Firm name _____

Address _____ Contact _____

Phone _____ Email _____

OTHER AGENT

Firm name _____

Address _____ Contact _____

Phone _____ Email _____

DIGITAL INFORMATION

COMPUTER	
Login Information	
Password	
CELL PHONE	
Login Information	
Password	
TABLET	
Login Information	
Password	
INTERNET	
Login Information	
Password	
FACEBOOK	
Login Information	
Password	
LINKEDIN	
Login Information	
Password	
INSTAGRAM	
Login Information	
Password	
OTHER	
Login Information	
Password	

ESTATE PLANNING OBJECTIVES

Do you have a will? Yes No

Prepared by _____

Address _____ Contact _____

Phone _____ Email _____

Please bring copies of current estate planning documents (wills, trusts, powers of attorney, living wills, health-care proxies, powers of attorney for health care, etc.) with you to your attorney's office.

SOME QUESTIONS TO CONSIDER

What should happen to your estate when you pass away?

- Do you wish to provide for your spouse, children, grandchildren, and friends?
- Do you wish to provide for charitable organizations?
- How do you wish to provide for people: outright or through trusts?
- Are there particular items of personal property you wish to give to specific individuals?
- If no beneficiaries survive you, how do you want your estate to be distributed?
- Do you wish to disinherit anyone?

Whom do you wish to oversee the distribution of your estate when you pass away? This may include collecting assets, paying debt, filing tax returns, completing necessary paperwork, hiring an attorney, and making sure your estate is distributed in accordance with your wishes.

Whom do you wish to name as executor or personal representative of your will?

Executor _____

Alternate executor _____

If you have a trust, whom do you wish to name as trustee?

Trustee _____

Alternate trustee _____

If you have minor children, whom do you wish to name as their guardian?

Guardian _____

Alternate guardian _____

ESTATE PLANNING OBJECTIVES (CONTINUED)

What are your preferred funeral and burial/cremation instructions?

Do you have any personal directives or living wills?

Primary agent _____

Alternate agent _____

What are your wishes regarding the receipt of life-sustaining treatment in the event of an incurable condition?

Do you currently have an enduring power of attorney?

Primary attorney _____

Alternate attorney _____

SUPPORTING THE UNIVERSITY OF ALBERTA WITH A CHARITABLE BEQUEST

Endowed Bequest:

To pay _____% of the residue of my estate [OR the sum of \$_____] to the University of Alberta, care of the Office of Advancement and having charitable registration number 10810 2831 RR0001, to be used to establish an endowed fund in my name [OR specify name], the income of which is to be used by the Faculty/School of [Faculty/School], for the purpose of supporting [identify purpose, such as award, program, or project], provided that if circumstances make the specified use of this bequest impractical or undesirable, the Board of Governors of the University of Alberta is authorized to use this bequest to support such other purposes as will, in its opinion, conform as closely as possible to the spirit and general intent of this bequest.

Expendable Bequest:

To pay _____% of the residue of my estate [OR the sum of \$_____] to the University of Alberta, care of the Office of Advancement and having charitable registration number 10810 2831 RR0001, to be used by the Faculty/School of [Faculty/School], for the purpose of supporting its general purposes and greatest needs [OR identify purpose, such as research, program or project], provided that if circumstances make the specified use of this bequest impractical or undesirable, the Board of Governors of the University of Alberta is authorized to use this bequest to support such other purposes as will, in its opinion, conform as closely as possible to the spirit and general intent of this bequest.

Should you wish to support the University of Alberta in your will, please note that our legal name is “The University of Alberta”. Your lawyer may want to know that the university’s charitable registration number is 10810 2831 RR0001.

The University of Alberta Office of Planned Giving is prohibited from giving legal or financial advice, and nothing provided in this organizer should be interpreted as such. The University of Alberta Office of Planned Giving encourages you to consult with your own advisor before creating an estate plan or deciding whether to create a future gift to the University of Alberta.

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