# 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  If you have a prenuptial agreement or a separation agreement, please bring	Social Insurance Number g 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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
If not a Canadian citizen, other citizenship	
Do you have a passport? $\square$ Yes $\square$ No	
Passnort number	Citizenshin

#### **FAMILY HISTORY**

Father's name			
Birthdate	Birthplace		
Mother's name			
Birthdate	Birthplace		
CHILDREN AN	D 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	
•		Cell priorie	
<b>2</b> 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	
- · · · · <del>-</del>		Assessment to you	
Home phone		Cell phone	
Name		Relationship to you	
Home phone		Cell phone	
HOTTIE DITONE		cell bhone	

#### LOCATION OF DOCUMENTS

Location of Documents	
Birth Certificate	
Marriage Certificate	
Divorce Agreement	
Custody/Adoption Records	
Passport	
Insurance Policies	
Mortgage	
Tax Returns	
FINANCIAL INFORMA BANKING	TION: ASSETS
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 Address	
Address	
Address  City/Province/Postal	
Address  City/Province/Postal  Phone	
Address  City/Province/Postal  Phone  Location of Key	
Address  City/Province/Postal  Phone  Location of Key	
Address  City/Province/Postal  Phone  Location of Key	
Address  City/Province/Postal  Phone  Location of Key	

#### **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 Name of plan Beneficiaries Does your spouse belong to a company pension plan? $\square$ Yes $\square$ 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 Description Location Value Insurance Description Location Value Insurance

Description	
Location	
Value	Insurance
Description	
Location	
Value	Insurance
Description	
Location	
Value	Insurance
Description	
Location	
Value	Insurance
Description	
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 b	peneficiary 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 b	peneficiary of another income or ass	et(s).			
Description and value					
FINANCIAL INFO	RMATION: 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	S
Type of Loan	
Amount of Loan	
Lender/Institution	
Telephone/Email	
Other Payments	
Туре	
Amount	
Payee	
Telephone/Email	
Other Payments	
Туре	
Amount	
Payee	
Telephone/Email	
Notes	

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	

#### 

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

Unrestricted Bequest
To pay% of the residue of my estate [OR the sum of \$] to the University of Alberta, care of the Office of Development and having charitable registration number 10810 2831 RR0001, for its own use absolutely.
Endowed Bequest – New Endowment
To pay% of the residue of my estate [OR the sum of \$] to the University of Alberta, care of the Office of Development 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 [College / Faculty / School or other campus unit], 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, 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.
Endowed Bequest – Existing Endowment
To pay% of the residue of my estate [OR the sum of \$] to the University of Alberta, care of the Office of Development and having charitable registration number 10810 2831 RR0001, to be added to [endowment name], provided that if circumstances make the specified use of this bequest impractical, 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 Development and having charitable registration number 10810 2831 RR0001, to be used by the [College / Faculty / School or other campus unit], 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, 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.

The University of Alberta Office of Major Gifts & 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 Major Gifts & 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.

#### NOTES

#### Office of Major Gifts & Planned Giving

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