



Important Documents and Personal Assets Form

Use this form to record the location of your (and your partner's) most important documents and assets.

Identification

(Write down the location of the following documents.)

Social Insurance Number(s):

Passport(s):

Birth certificate(s) (original):

Adoption papers (original):

Marriage certificate(s) (original):

Divorce records (original):

Immigration papers (original):

Citizenship papers (original):

Military discharge papers (original):

Other military records/veterans papers:

Legal guardianship records:

Finances

Investment company or financial adviser

Name:

Address:

Phone number:

Accountant/Tax adviser

Name:

Address:

Phone number:

Location of tax documents:

Banks

Bank name:

Address:

Phone number:

Type of account

Account number

Authorized signers

Location of bankbooks or bank statements:

Bank name:

Address:

Phone number:

Type of account

Account number

Authorized signers

Location of bankbooks or bank statements:

Bank name:

Address:

Phone number:

Type of account

Account number

Authorized signers

Location of bankbooks or bank statements:

Pension plans

Plan name:

Employer:

Phone number for pension plan:

Beneficiary information:

Plan name:

Employer:

Phone number for pension plan:

Beneficiary information:

Plan name:

Employer:

Phone number for pension plan:

Beneficiary information:

Employer-sponsored retirement savings plans

Plan name:

Employer:

Phone number for plan:

Beneficiary information:

Plan name:

Employer:

Phone number for plan:

Beneficiary information:

Plan name:

Employer:

Phone number for plan:

Beneficiary information:

Benefits

Benefit type (Employment Insurance, Canada Emergency Response Benefit, disability):

Social Insurance Number:

Monthly benefits income:

Stock portfolio information

Company name	Shares purchased	Date of purchase	Purchase price
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Other investments

Active credit cards

Credit card type	Credit card number	Expiration date	Customer service phone number

Mortgages

Name of mortgage company:

Address:

Phone number:

Mortgage is for property at this address:

Term of mortgage:

Monthly payments and due date:

Mortgage will be fully paid off on this date:

Location of mortgage paperwork:

Name of mortgage company:

Address:

Phone number:

Mortgage is for property at this address:

Term of mortgage:

Monthly payments and due date:

Mortgage will be fully paid off on this date:

Location of mortgage paperwork:

Other outstanding debts

Where I keep any current, unpaid bills:

Property

Record the location of the following property:

Safe deposit box:

Safe deposit box key:

Home safe/lockbox:

Key location or combination:

Home or property title, surveys, and deed of sale:

Car title(s):

Other property ownership information:

Below, you may also want to list the identifying information and location of any valuables that others might not recognize. These would include works of art, rare books, antique furniture, and collectibles. You might also identify items of family importance (such as photographs, letters, and jewellery) or items that would be valuable to a museum or historical society (such as old photographs, letters, and newspapers, or antique tools, toys, or china).

Item

Location

Insurance

Homeowner's insurance company:

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

Renter's insurance company:

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

Fire insurance company:

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

Flood insurance provider:

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

Car insurance company:

Address and phone number:

Policy number:

Make(s) and model(s) of insured vehicles:

Location of policy:

Health insurance

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Disability and long-term care insurance

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Beneficiary information:

Waiting period/restrictions:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Beneficiary information:

Waiting period/restrictions:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Beneficiary information:

Waiting period/restrictions:

Life insurance

Insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Beneficiary information:

Loans on policy? YES NO Assigned? YES NO

Insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Beneficiary information:

Loans on policy? YES NO Assigned? YES NO

Insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Beneficiary information:

Loans on policy? YES NO Assigned? YES NO

Other insurance

Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy? YES NO Assigned? YES NO

Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy? YES NO Assigned? YES NO

Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy? YES NO Assigned? YES NO

Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy?	YES	NO	Assigned?	YES	NO
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Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy?	YES	NO	Assigned?	YES	NO
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End-of-life issues

Lawyer name:

Address:

Phone number:

Trust funds

A living trust or special needs trust has been established for the benefit of:

Date established:

Located at:

Trustees:

Solicitor:

A living trust or special needs trust has been established for the benefit of:

Date established:

Located at:

Trustees:

Solicitor:

I am beneficiary of trust funds established by

Location of trust papers:

Will

Execution date of original will:

Location of original copy:

Location of second and third copies:

Name of executor of will:

Address and phone number:

Name of estate trustee:

Address and phone number:

Children's guardians:

Address and phone number:

Will was drawn by:

Changes and codicils:

Date: Prepared by

Date: Prepared by

Date: Prepared by

Date: Prepared by

Date: Prepared by

Power of attorney

Location of original power of attorney forms:

The following person is named to have financial power of attorney:

Name:

Address and phone number:

The following person is named to have health care power of attorney:

Name:

Address and phone number:

Living will

Location of original living will(s) and advance directives:

The following people have copies of this living will:

Name:

Address and phone number:

Name:

Address and phone number:

Note: Information regarding my burial and funeral wishes is located in the [Final Wishes and Funeral Planning Form](#). (Make a copy of that form and attach it to any copies of this Important Documents and Personal Assets Form.)