

BMO Private Wealth Estate Information Organizer PAGE 2

PERSONAL & CONFIDENTIAL

Everyone has their own system for filing important documents, financial records, and digital account access information, and can easily obtain this information when needed. However, if someone else were to step into your shoes, would they know where you keep your Will, life insurance policies, the location of your safety deposit box and keys, or details about your digital assets such online accounts, loyalty programs and subscriptions?

The BMO Private Wealth Estate Information Organizer is designed to help your family, executor (referred to as a "liquidator" in Quebec), or Power of Attorney for Property (referred to as a "mandatory" in Quebec) locate all of your important documents and other information needed to administer your estate or act as your Power of Attorney for Property. Using this resource, you can specify where documents or accounts are located, identify appropriate contacts and provide security access details for your online accounts. The Estate Information Organizer can be invaluable in helping to ensure that nothing is overlooked in the administration of your estate.

To make sure the information in the Estate Information Organizer is always current, be sure to review it regularly. It's also a good idea to either make a copy for your executor or, at a minimum, tell your executor where it can be located.

Due to the personal and confidential nature of the information included, we advise you to keep your Estate Information Organizer in a secure, but accessible, location.

Should you require additional space when completing the Estate Information Organizer, please use the 'Notes' section on page 17, or attach copies of the applicable documents.

| Name: | |
|----------------|--|
| | |
| Date of birth: | |
| | |
| S.I.N.: | |
| | |
| Address: | |
| | |
| Phone: | |
| | |
| E-mail: | |

Will Documents and Power of Attorneys

Will Documents

| | Location | Dated (dd/mm/yyyy) |
|-----------------------|----------|--------------------|
| Original Will | | |
| Copy of Will | | |
| Codicil | | |
| Personal effects list | | |

Name and Address of Executor

| Name | |
|----------------|--|
| Address | |
| City, Province | |
| Telephone | |
| Email | |

Power of Attorney for Property

| Name of Power of Attorney | |
|---|--|
| Address | |
| City, Province | |
| Telephone | |
| Email | |
| Location of Power of Attorney document | |

Power of Attorney for Personal Care

| Name of Power of Attorney | |
|---|--|
| Address | |
| City, Province | |
| Telephone | |
| Email | |
| Location of Power of Attorney document | |

Family Information

Please use the space below to add information about family members (i.e., spouse/common-law partner, siblings, parents, etc.)

| | Spouse/Partner | Ex-Spouse/Ex-Partner |
|---------------|--------------------|----------------------|
| Name | | |
| Address | ○ Same as yourself | |
| Telephone | | |
| Email | | |
| Date of birth | | |

| | Child/Dependant | Child/Dependant |
|---------------|-----------------|-----------------|
| Name | | |
| Address | | |
| Telephone | | |
| Email | | |
| Date of birth | | |
| Relationship | | |

| | Child/Dependant | Child/Dependant |
|---------------|-----------------|-----------------|
| Name | | |
| Address | | |
| Telephone | | |
| Email | | |
| Date of birth | | |
| Relationship | | |

| | Other | Other |
|---------------|--------------|--------------|
| Name | | |
| Address | | |
| Telephone | | |
| Email | | |
| Date of birth | | |
| Relationship | | |

Insurance Policies

Prompt notification to the applicable insurance companies will help ensure there is cash available for meeting immediate and ongoing expenses. List all policies, Including personal term, universal and whole life policies. Show group plans separately in **Part 5 – Employment Information**. If you have online access to these policies, provide the website, login/username and password.

Life Insurance

| | Policy 1 | | Policy 2 | |
|-------------------------------|----------|--|----------|--|
| Insurance company name | | | | |
| Policy number | | | | |
| Face value of policy | | | | |
| Location of policy document | | | | |
| Beneficiary | | First to die Last to die | | First to die Last to die |
| Agent's name | | | | |
| Agent's telephone number | | | | |
| Agent's email | | | | |
| Online account access details | | | | |

Disability Insurance

| Insurance company na |
|---------------------------|
| Policy num |
| Location of policy docum |
| Agent's na |
| Agent's telephone num |
| Agent's en |
| Online account access det |

Critical Illness Insurance

| Insurance company name | |
|-------------------------------|--|
| Face value of policy | |
| Policy number | |
| Location of policy document | |
| Agent's name | |
| Agent's telephone number | |
| Agent's email | |
| Online account access details | |

| Long-Term Care Insurance |
|--------------------------|
|--------------------------|

| Insurance company name | |
|-------------------------------|--|
| Policy number | |
| Location of policy document | |
| Agent's name | |
| Agent's telephone number | |
| Agent's email | |
| Online account access details | |

Employer Information

| Employer name | | | | |
|---|---|---|---|---|
| Contact | | | | |
| Address | | | | |
| City, Province | | | | |
| Telephone | | | | |
| Email | | | | |
| Participate in the following employer plans | Registered Pension Group RRSP | Employee Stock Purchase Employee Stock Option | Group Life InsuranceMedical/Dental | O Deferred Profit SharingO Other |

Income Sources

Income is currently being received from the sources listed below. These individuals or institutions must be advised so they can make the necessary adjustments to the amount of income being paid, or to re-direct payments.

Alimony/Child Support

| | Payor Information |
|----------------|-------------------|
| Name | |
| Address | |
| City, Province | |
| Telephone | |
| Email | |

Retirement Savings Plan (i.e., RRIF)

| | Payor Information |
|-------------------------------|-------------------|
| Name of financial institution | |
| Address | |
| City, Province | |
| Telephone | |
| Email | |
| Online account access details | |

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| | Payor Information |
|-------------------------------|-------------------|
| Name of financial institution | |
| Address | |
| City, Province | |
| Telephone | |
| Email | |
| Online account access details | |

Registered Pension Plan

| | Payor Information |
|-------------------------------|-------------------|
| Name of financial institution | |
| Address | |
| City, Province | |
| Telephone | |
| Email | |
| Online account access details | |

Rental Income

| | Payor Information |
|----------------|-------------------|
| Name | |
| Address | |
| City, Province | |
| Telephone | |
| Email | |

Other (i.e., CPP/QPP, Foreign Pension)

| Recipient of Canada Pension Plan Payments | O Yes O No |
|--|------------|
| Recipient of Quebec Pension Plan Payments | O Yes O No |
| Recipient of Old Age Security | O Yes O No |

Assets and Liabilities

1. Assets

Include items such as savings and chequing accounts, investment accounts, RRSPs, TFSAs, RESPs, and any Locked-In accounts. If you have online access to any of the accounts, provide the website, login/username and password.

| Account Description | Name and Address (or branch) of Financial Institution | Account Number | Ownership | Online Account Access Details |
|------------------------|---|----------------|---|-------------------------------|
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | O Sole ownershipO Joint - SpouseO Joint - Other | |
| | | | O Sole ownershipO Joint - SpouseO Joint - Other | |
| | | | O Sole ownershipO Joint - SpouseO Joint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |

Real Estate

Include items such as your residence, cottage, vacation property or rental property.

| Description of Property | Address | Location of Property Deed | Ownership | Mortgage Outstanding |
|-------------------------|---------|---------------------------|---|-------------------------|
| | | | Sole ownershipJoint - SpouseJoint - Other | O Yes O No |
| | | | Sole ownershipJoint - SpouseJoint - Other | O Yes O No |
| | | | Sole ownershipJoint - SpouseJoint - Other | O Yes O No |
| | | | Sole ownershipJoint - SpouseJoint - Other | O Yes O No |

Other Assets

Include jewelry, automobiles, art, loan receivables, business assets (including private company shares) and other valuables.

| Description of Asset | Location (Include address where asset is located and any contact person, if applicable) | ownership |
|----------------------|--|---|
| | | Sole ownershipJoint - SpouseJoint - Other |
| | | Sole ownershipJoint - SpouseJoint - Other |
| | | Sole ownershipJoint - SpouseJoint - Other |
| | | Sole ownershipJoint - SpouseJoint - Other |
| | | Sole ownershipJoint - SpouseJoint - Other |
| | | Sole ownershipJoint - SpouseJoint - Other |
| | | Sole ownershipJoint - SpouseJoint - Other |
| | | Sole ownershipJoint - SpouseJoint - Other |

2. Liabilities

Include mortgages, lines of credit and credit cards (even if there is no outstanding balance) and any other loans, including personal guarantees given. If you have online access, provide website, login/username and password.

| Description of Liability | Name and Address (or branch) of Financial Institution | Account Number | Ownership | Online Account Access Details |
|--------------------------|---|----------------|---|-------------------------------|
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |
| | | | Sole ownershipJoint - SpouseJoint - Other | |

Location of Other Important Documents

| Marriage or co-habitation agreement | |
|---|--|
| Separation agreement or divorce decree | |
| Child support agreements | |
| Business agreements/contracts | |
| Formal trust documents where you are the beneficiary or trustee | |
| Property insurance | |
| Car insurance | |
| Car ownership | |
| Driver's licence | |
| Lease agreements | |
| Other agreements | |
| Birth certificate | |
| Adoption papers | |
| Passport | |

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| Prior two years income tax returns | |
|---|--|
| Prior two years income tax returns filed in other countries | |
| SIN card | |
| Citizenship card/naturalization certificate | |

Secure Storage

Safety Deposit Box

| Financial institution | | | | |
|---|------------------|------------------|-----------------|--|
| Address | | | | |
| Box number | | | | |
| Location of keys | | | | |
| Person(s) authorized to access safety deposit box | | | | |
| ownership | O Sole ownership | O Joint - Spouse | O Joint - Other | |

Storage Locker

| Storage facility name | | | | |
|-----------------------------------|------------------|------------------|-----------------|--|
| Address | | | | |
| Locker number | | | | |
| Location of keys/lock combination | | | | |
| ownership | O Sole ownership | O Joint - Spouse | O Joint - Other | |

On Premise Personal Secured/Fireproof Vault

| Address | | | | |
|--|------------------|------------------|-----------------|--|
| Actual location of vault on the premises | | | | |
| Location of keys/combination to open vault | | | | |
| ownership | O Sole ownership | O Joint - Spouse | O Joint - Other | |

Memberships, Subscriptions and Loyalty Programs

The following memberships, subscriptions and loyalty programs will need to be cancelled or transferred. Provide online account access details, if applicable.

| Professional memberships | |
|---------------------------|--|
| Fitness memberships | |
| Other memberships | |
| Retail memberships | |
| Associations | |
| Cooperatives | |
| Charities | |
| Provincial health program | |
| Magazine subscriptions | |
| Newspaper subscriptions | |
| Loyalty programs | |
| Other: | |
| | |

Digital Assets

Include details (website address, login/username and password) for all online accounts not captured in other sections of the Estate Information Organizer that will need to be closed, transferred or cancelled. Include utility accounts managed online (i.e., hydro, water, property taxes), email and social media accounts, cloud and storage services, intellectual property such as domain names and websites, online commerce accounts such as Amazon and eBay and any online payment systems such as PayPal accounts.

You may also want to itemize the location of electronic devices such as computers, smartphones, tablets, e-readers, digital cameras and provide any logins/usernames and passwords needed to access these devices.

| Description of Digital Asset | Details |
|------------------------------|---------|
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Professional Contacts

| Lawy | /er | /Lega | I Ac | lvisor |
|------|-----------------|-------|--------|--------|
| LUVV | $y \subset I_j$ | LCGU | 1 / 10 | 1001 |

| Name | |
|-----------|--|
| Firm | |
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Accountant

| Name | |
|-----------|--|
| Firm | |
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Investment Advisor

| Name | |
|-----------|--|
| Firm | |
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Financial Planner/Personal Banker

| Name | |
|-----------|--|
| Firm | |
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Doctor

| Name | |
|-----------|--|
| Address | |
| Telephone | |
| Email | |

Or attach business card here

| | · | 11. (1) |
|----------|-------|---------|
| Doctor (| SUBCI | alist |
| DUCTUI | JPCCI | diist |

| Name | |
|-----------|--|
| Address | |
| Telephone | |
| Email | |
| Specialty | |

Or attach business card here

Dentist

| Name | |
|-----------|--|
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Spiritual Advisor

| Name | |
|-----------|--|
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Charitable/Philanthropic Contact

| Name | |
|--------------|--|
| Firm | |
| Relationship | |
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Other

| Name | |
|--------------|--|
| Firm | |
| Relationship | |
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Other

| Name | |
|--------------|--|
| Firm | |
| Relationship | |
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Or attach business card here

Other

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Or attach business card here

Other

| Name | |
|--------------|--|
| Firm | |
| Relationship | |
| Address | |
| Telephone | |
| Email | |

Or attach business card here

Notes

| Use this section to provide any further instructions or information not captured elsewhere in this document. For example, indicate if you have a collection of valuables that require an appraisal, or if your collection is on loan to a gallery or museum. Also, provide details of family members/friends (outside your direct circle) who you wish to be notified of your passing, and their contact information. | | |
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