



# Estate Information Organizer

## 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 as online accounts, loyalty programs and subscriptions?

The BMO Wealth Management 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	<input type="radio"/> 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	<input type="radio"/> First to die <input type="radio"/> Last to die	<input type="radio"/> First to die <input type="radio"/> Last to die
Agent's name		
Agent's telephone number		
Agent's email		
Online account access details		

### Disability Insurance

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

### 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	<input type="radio"/> Registered Pension <input type="radio"/> Employee Stock Purchase <input type="radio"/> Group Life Insurance <input type="radio"/> Deferred Profit Sharing <input type="radio"/> Group RRSP <input type="radio"/> Employee Stock Option <input type="radio"/> Medical/Dental <input type="radio"/> 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	

## Annuity

	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	<input type="radio"/> Yes <input type="radio"/> No
Recipient of Quebec Pension Plan Payments	<input type="radio"/> Yes <input type="radio"/> No
Recipient of Old Age Security	<input type="radio"/> Yes <input type="radio"/> No







## 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
			<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - Other	
			<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - Other	
			<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - Other	
			<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - Other	
			<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - 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	

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	<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - Other

### Storage Locker

Storage facility name	
Address	
Locker number	
Location of keys/lock combination	
ownership	<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - Other

### On Premise Personal Secured/Fireproof Vault

Address	
Actual location of vault on the premises	
Location of keys/combination to open vault	
ownership	<input type="radio"/> Sole ownership <input type="radio"/> Joint - Spouse <input type="radio"/> Joint - Other





## Professional Contacts

### Lawyer/Legal Advisor

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

### Doctor (Specialist)

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	
Address	
Telephone	
Email	

Or attach business card here

## Other

Name	
Firm	
Relationship	
Address	
Telephone	
Email	

Or attach business card here

## Other

Name	
Firm	
Relationship	
Address	
Telephone	
Email	

Or attach business card here







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