

YOUR LEGACY

Will Planning Work Sheet

Your legacy can live on. An Estate Planning resource from Campbellford Memorial Hospital Foundation.



CAMPBELLFORD
MEMORIAL HOSPITAL FOUNDATION

www.givetocmh.ca

This document is intended to assist you in gathering information to prepare a will. It is not intended as a legal document. When creating your will, please ensure that you seek legal advice. We hope you find it helpful.

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PERSONAL INFORMATION

YOUR PERSONAL INFORMATION

Your Legal Name: _____

Do you have a will? Yes No Date of Current Will: _____

Your Usual Residence: _____

Postal Code: _____

Date of Birth: _____ Age: _____ Social Insurance Number: _____

Birth Place: _____
City/Province/Country

Marital Status: Single Divorced Married Widowed Other; specify: _____

Spouse's Legal Name: _____

YOUR CHILDREN

Name: _____

Relationship to you: _____

Date of Birth: _____

Address: _____

Name: _____

Relationship to you: _____

Date of Birth: _____

Address: _____

ASSETS

BANK ACCOUNTS

Ownership: Sole Joint

Ownership: Sole Joint

Name of Joint Owner Relation

Name of Joint Owner Relation

Address of Joint Owner

Address of Joint Owner

Name of Financial Institution

Name of Financial Institution

Branch Address

Branch Address

Account Number

Account Number

Current Value: \$ _____

Current Value: \$ _____

INVESTMENTS

BONDS

Ownership: Sole Joint

MUTUAL FUNDS/STOCK PORTFOLIO

Ownership: Sole Joint

Name of Joint Owner Relation

Name of Joint Owner Relation

Address of Joint Owner

Address of Joint Owner

Type

Type

Location

Location

Current Value: \$ _____

Current Value: \$ _____

CERTIFICATES

Ownership: Sole Joint

ANNUITIES

Ownership: Sole Joint

Name of Joint Owner Relation

Name of Joint Owner Relation

Address of Joint Owner

Address of Joint Owner

Type

Type

Location

Location

Current Value: \$ _____

Current Value: \$ _____

BANK ACCOUNTS

Branch Address

Ownership: Sole Joint

Account Number

Name of Joint Owner Relation

Current Value: \$ _____

Address of Joint Owner

REGISTERED SAVINGS PLANS

Name of Financial Institution

RRSPs

Branch Address

Name of Institution

Account Number

Address

Current Value: \$ _____

Plan Number

Ownership: Sole Joint

Current Value: \$ _____

Name of Joint Owner Relation

RRIFs

Address of Joint Owner

Name of Institution

Name of Financial Institution

Address

LIFE INSURANCE

Policy holder

Name of Agent

Name of Insurance Company

Policy Number

Value: \$ _____

Beneficiary

(Please attach extra pages as required.)

GROUP LIFE INSURANCE

Name of Employer

Group Plan Number

Name of Insurance Company

Beneficiary

Value: \$ _____

(Please attach extra pages as required.)

REAL PROPERTY

I have the following REAL PROPERTY (land, building, automobile, boats).

Residence: _____
Location

Sole Joint Owner _____ Value: _____
\$ _____
Name of Joint Owner

Cottage/Other Property: _____
Location

Sole Joint Owner _____ Value: _____
\$ _____
Name of Joint Owner

Business: _____
Location

Sole Proprietor Incorporated Partnership _____ Value: \$ _____
Name of Partner

Automobiles: _____ \$ _____
Value

Furniture: _____ \$ _____
Value

Jewelry: _____ \$ _____
Value

Other Assets (i.e. collections, cultural items of worth, etc. Please state all appropriate information. Attach extra pages as required.):

PENSION PLANS

Do you participate in a Company Pension Plan: Yes No

If Yes: Company Name: _____ Beneficiary: _____

Plan Number: _____ Value: \$ _____

Canada Pension Plan: _____ Annual Amount: \$ _____
Effective Date

Old Age Security: _____ Annual Amount: \$ _____
Effective Date

LIABILITIES

MORTGAGE/LOANS

I do not have a mortgage

I do not have any loans

Mortgage held by

Loan held by

Method of payment

Method of payment

Amount Owed: \$ _____

Amount Owed: \$ _____

Mortgage is Life Insured: Yes No

Loan is Life Insured: Yes No

Plan Number

Current Value: \$ _____

Registered Homeowner's Savings Plans

Name of Institution

Address

Plan Number

Current Value: \$ _____

CREDIT/CHARGE CARD ACCOUNTS

Name of Company: _____

Account Number: _____

Expiry Date: _____

Credit Limit: \$ _____

Current Balance: \$ _____

Name of Company: _____

Account Number: _____

Expiry Date: _____

Credit Limit: \$ _____

Current Balance: \$ _____

Name of Company: _____

Account Number: _____

Expiry Date: _____

Credit Limit: \$ _____

Current Balance: \$ _____

Name of Company: _____

Account Number: _____

Expiry Date: _____

Credit Limit: \$ _____

Current Balance: \$ _____

INSTRUCTIONS AND LOCATION OF IMPORTANT DOCUMENTS

DOCUMENTS

I have made duplicate copies of important documents (i.e. Will, list of stocks & bonds, my last income tax return, insurance policy(ies), funeral arrangements, mortgage agreement, etc.). These documents can be found:

- Safety Deposit Box
- At Home, please specify where
- Other, please specify where

SAFETY DEPOSIT BOX

I have a SAFETY DEPOSIT BOX/Safekeeping Privileges at:

I have a Safety Deposit Box at:

Name of Financial Institution: _____

Branch Address: _____

Box Number: _____ Key Location: _____

INSTRUCTIONS FOR MY WILL

My personal Lawyer is: _____

Law Firm Name: _____

Address: _____

My Accountant/Financial Advisor is: _____

Firm's Name: _____

Address: _____

Name of Executor: _____

Address of Executor: _____

My Executor has a copy of my Will: Yes No

Alternative Executor Name

Trustee Name

Address

Address

Guardian Name

Special Instructions

Address

Funeral Arrangements _____

Distribution

BENEFICIARIES: RELATIVES AND FRIENDS

Beneficiary Legal Name: _____

Relation to you: _____ Birth Date: _____
Year/Month/Day

BENEFICIARIES: CHARITIES

Legal Name: _____

Legal Name: _____

Address: _____

Postal Code: _____

Address: _____

Distribution: % _____

Specific Amount: \$ _____

_____ Postal Code: _____




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