

**ESTATE
PLANNING
FACTFINDER**



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ESTATE PLANNING FACTFINDER

Date: _____

CLIENT

Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Business Address: _____

Phone Numbers:

Home: _____ Cell: _____ Business: _____

Fax No: _____ Email Address: _____

Citizenship: _____

Occupation: _____

Are you married?

Yes/No

Where were you married?

Is there a marriage contract?

Yes/No

Date of Marriage: _____

Have you been married before?

Yes/No

Are there any support obligations?

Yes/No

Parent's Information:

Mother's Name: _____

Father's Name: _____

Additional Information: (Age, Current Residence, Citizenship)



SPOUSE OR PARTNER

Name: _____

Date of Birth: _____

Place of Birth: _____

Home Address: _____

Business Address: _____

Phone Numbers:

Home: _____ Cell: _____ Business: _____

Fax No: _____ Email Address: _____

Citizenship: _____

Occupation: _____

Was your spouse previously married?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes

No

Are there any support obligations? _____

Are there any children of this marriage? _____

Parent's Information:

Mother's Name: _____

Father's Name: _____

Additional Information:

CHILDREN

Name	Gender	Date of Birth	Age	Citizenship	Residential Address

GRANDCHILDREN

Name	Gender	Date of Birth	Age	Citizenship	Residential Address

Additional Information:

Are any of your children/grandchildren adopted?

Yes/No

Is the adoption complete?

Name:

Yes/No

Do you have any other dependants?

Name:

Yes/No

Do any of your children/grandchildren have special needs?

Yes/No

Please describe:



BALANCE SHEET AS AT:

LIABILITIES (000's)

Description	Comments	Client	Spouse/ Partner	Joint	ACB/UCC
Bank Loans		\$ -	\$ -	\$ -	\$ -
Life Insurance Policy Loans					
Mortgage					
Mortgage					
Mortgage					
Personal Credit Cards					
Loans from Family					
Other Indebtedness					
Total Liabilities					
Net Worth (Total Assets - Total Liabilities)					

Notes:

ESTATE DISTRIBUTION

Do you have a will?

Yes/No

Date last reviewed: _____

Who prepared your will?

Does your spouse or partner have a will?

Yes/No

Date last reviewed: _____

Who prepared your spouse or partner's will?

Have you appointed a guardian for minor children?

Yes/No/NA

Name and address of Guardian.

Who is the executor of your will?

Who is the contingent executor?

Is your executor knowledgeable about:

Your family's needs?

Yes/No

Running a business?

Yes/No

Tax and trust laws?

Yes/No

Where do you keep your will?

Can I have a copy of your and your spouse/partner's will?

Yes/No

Do you have a Power of Attorney?

Yes/No

When was it last reviewed?

Can I have a copy of your and your spouse or partner's Power of Attorney?

Yes/No

Notes:

WILL PLANNING

On your predeceasing your spouse:

How much income will your spouse/family require to maintain his/her/their standard of living?

Do you want this income to be indexed? If yes, at what rate?
Yes/No

What is a reasonable rate of interest that could be earned on invested capital? _____ %

Specific bequests at death:
Yes/No

To Whom?	Property

Disposition of residue (other than business interests)

	Specific \$ Amount	Percentage	At what age?
Bequests to children			
Bequests to children			
Bequests to children			

Immediate to spouse or partner: \$ _____ or % _____

In trust solely for benefit of spouse/partner: Explain _____

In trust with income only to spouse/partner: With capital to children at spouse's death?

Other distributions as follows:

Disposition of business interests

To be liquidated and included as part of the estate?
Yes/No

Estimated liquidation value \$ _____

Business to be retained? Who will continue the business?
Yes/No _____

Who will receive the business? _____

WILL PLANNING CONTINUED

Where do you keep your life insurance policy? _____

At which banks do you maintain bank accounts: _____

Do you have safety deposit box? Where: _____
 Yes/No

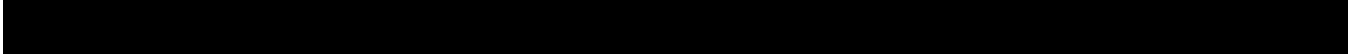
Professional Advisors	Name	Firm	Phone or email
Who is your Accountant?			
Who is your Lawyer?			
Who is your Investment Advisor?			
Who is your Insurance Advisor?			

May I have permission to consult any of these advisors if necessary?
 Yes/No

Do you anticipate receiving any gifts or inheritances?
 Yes/No

If so, from whom, when and approximate value? _____

Notes:



BUSINESS INTERESTS

Business Name:

Sole proprietorship Partnership Corporation

A) Incorporated Company

Date of Incorporation: _____

Fiscal Year-end: _____

Number of Employees: _____

Shareholders	Address	Age	Gender	Employee?	% Ownership

Number of issued shares: _____ More than 1 class of shares?
Yes/No

Number of shares held by you: _____ Class? _____ Cost base? _____

Number of shares held by others: _____ Class? _____

What is the total fair market value of the business? _____

Can I obtain a copy of your financial statements for the last 3 years?
Yes/No

Does your firm have any individuals whose contributions seriously affect the profits of the business?
Yes/No

If yes, who?

Name	Age	Position	Salary

What group benefits does your firm provide?

Group Life	<input type="checkbox"/>	Deferred Profit Sharing	<input type="checkbox"/>
LTD	<input type="checkbox"/>	Group RRSP	<input type="checkbox"/>
Dental	<input type="checkbox"/>	Non-reg Pension	<input type="checkbox"/>
Major Medical	<input type="checkbox"/>	Retirement Comp. Arrangement	<input type="checkbox"/>

BUSINESS INTERESTS

Does the corporation qualify for the small business deduction?

Yes/No

Do the shares qualify for the enhanced capital gains exemption?

Yes/No

If yes, what amount was claimed? _____

What is the balance of the capital dividend account? _____

What is the estimated annual growth rate of the company? _____ %

B) Partnership

Partners	Address	Age	Gender	Employee?	% Ownership

Notes:

BUSINESS CONTINUATION

Do you have a buy/sell or shareholders' agreement?

If yes, please provide a copy.

Yes/No

If yes, how is the purchase price determined per the agreement?

Please describe if agreement is not provided or available.

If no, are there any succession plans in place?

Yes/No

If yes, please describe:

Is the agreement fully or partially funded with life insurance? _____

What arrangements have you made for the continuation of your business operation in the event of your retirement or disability?

Notes:

1. LIFE INSURANCE

Name of Insured : _____
Relationship to client: _____
Insurance Company: _____
Name or Type of Plan: _____
Owner of Policy: _____
Beneficiary: _____
Face Amount: _____ Cash Value: _____ Premium: _____
Comments: _____

2. LIFE INSURANCE

Name of Insured : _____
Relationship to client: _____
Insurance Company: _____
Name or Type of Plan: _____
Owner of Policy: _____
Beneficiary: _____
Face Amount: _____ Cash Value: _____ Premium: _____
Comments: _____

3. LIFE INSURANCE

Name of Insured : _____
Relationship to client: _____
Insurance Company: _____
Name or Type of Plan: _____
Owner of Policy: _____
Beneficiary: _____
Face Amount: _____ Cash Value: _____ Premium: _____
Comments: _____

4. GROUP LIFE INSURANCE

Name of Insured : _____
Insurance Company: _____
Beneficiary: _____
Face Amount: _____
Comments: _____

1. DISABILITY INSURANCE

Name of Insured : _____
 Insurance Company: _____
 Name or Type of Plan: _____
 Owner of Policy: _____
 Benefit: _____ Premium: _____
 Comments: _____

2. CRITICAL ILLNESS

Name of Insured : _____
 Insurance Company: _____
 Name or Type of Plan: _____
 Owner of Policy: _____
 Benefit: _____ Premium: _____
 Comments: _____

3. LONG TERM CARE

Name of Insured : _____
 Insurance Company: _____
 Name or Type of Plan: _____
 Owner of Policy: _____
 Benefit: _____ Premium: _____
 Comments: _____

4. OTHER

Name of Insured : _____
 Insurance Company: _____
 Name or Type of Plan: _____
 Owner of Policy: _____
 Benefit: _____ Premium: _____
 Comments: _____

APPENDIX B - REGISTERED INVESTMENTS

A) FIXED INCOME:

Issuer	Original Deposit	Current Value	Interest Rate	Maturity Date
Total Fixed Income				

B) EQUITIES

Issuer	Purchase Price	Current Value	# of Shares	Yield
Total Equities				

C) FUNDS:

Issuer	Purchase Price	Current Value	# of Units	Yield/Return
Total Funds				

Current Value of Registered Investments	
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APPENDIX B - NON-REGISTERED INVESTMENTS

A) FIXED INCOME:

Issuer	Original Deposit	Current Value	Interest Rate	Maturity Date
Total Fixed Income		0		

B) EQUITIES

Issuer	Purchase Price	Current Value	# of Shares	Yield
Total Equities		0		

C) FUNDS:

Issuer	Purchase Price	Current Value	# of Units	Yield/Return
Total Funds		0		

Current Value of Non- Registered Investments	0
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ESTATE PLANNING OBJECTIVES

Use a Rating Scale of 1 to 10, where 1 is the least important and 10 is the most important.

Financial

1. Maximizing Retirement Income
2. Maximizing Estate Values
3. Minimizing Probate Fees
4. Minimizing taxes while alive
5. Minimizing taxes to Beneficiaries

Rating

Family

1. Providing income to spouse/partner and dependents
2. Updating/completing wills
3. Updating/completing Powers of Attorney
4. Establishing a family trust or holding company
5. Funding costs related to illness or hospitalization

Rating

Disposition of Estate

1. Establishing trusts for dependent children/grandchildren
2. Making gifts to charities
3. Appointing guardians for minor children
4. Successful transfer of business interests
5. Taking care of special need dependents

Rating

Other

Rating

ADDITIONAL NOTES AND COMMENTS