

# RETIREMENT AND ESTATE PLANNING CHECKLIST

Prepared for: Client Name  
Home Address  
Business/Mailing Address (if different)  
Joint Client Name  
Address  
Business/Mailing Address (if different)

Prepared by: Advisor Name  
Advisor Firm  
Address  
Telephone

Date:

## Estate Planning Checklist

Yes    No

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Do you have a signed will?   |
| <input type="radio"/> | <input type="radio"/> | Do you have a signed power of attorney for your financial affairs?   |
| <input type="radio"/> | <input type="radio"/> | Do you have a signed power of attorney for your personal care?   |
| <input type="radio"/> | <input type="radio"/> | Have you reviewed your will and powers of attorney in the last two years?  |
| <input type="radio"/> | <input type="radio"/> | Do you have an up-to-date net worth statement listing your assets and liabilities?   |
| <input type="radio"/> | <input type="radio"/> | Have you named beneficiaries for all of your registered investments (RRSP's, RRIF's, LRIF's, annuities, pension plans, DPSP's) and life insurance policies?    |
| <input type="radio"/> | <input type="radio"/> | Have you considered contingent beneficiaries for these plans?  |
| <input type="radio"/> | <input type="radio"/> | Have you reviewed the pros and cons of jointly registering non-RRSP assets in your name and your spouse's name?  |
| <input type="radio"/> | <input type="radio"/> | Do you have enough capital or life insurance to cover immediate cash needs at death (funeral expenses, income taxes, legal fees, executor fees, probate fees)? |
| <input type="radio"/> | <input type="radio"/> | Do you have enough capital resources to replace your income and maintain your family's current lifestyle?  |
| <input type="radio"/> | <input type="radio"/> | Do your family members know where to locate your financial records (investment accounts, bank accounts, tax returns, insurance policies, safety deposit box)?  |
| <input type="radio"/> | <input type="radio"/> | Do you have a succession plan for your business?   |
| <input type="radio"/> | <input type="radio"/> | Do you have a buy/sell agreement in place with your business partner(s)?   |

## Personal Information

Client (and spouse where applicable):

Name in full:

Home address:

Home telephone:

Fax:

Home email:

Date and place of birth:

Residence status (including particulars of residence in another country):

Citizenship:

Domicile:

Employer’s name:

Business telephone: Fax:

Business email:

Business address:

Marital status:

Place of marriage:

Marriage contract: ☐ Yes ☐ No

Name of spouse:

Date and place of spouse’s birth:

Previously married: ☐ Yes ☐ No

a) Name of previous spouse:

b) Date and place of divorce or death:

c) Terms of any divorce or separation agreement:

Spouse previously married: ☐ Yes ☐ No

a) Name of previous spouse:

b) Date and place of divorce or death:

c) Terms of any divorce or separation agreement:

Significant medical conditions or medical history:

Distribution Objectives

Upon your death, how and to whom do you want your assets distributed?

a) If you and your spouse both die prematurely, should children receive property at age of majority or should it be held until they reach a mature age?

b) Do any of your children have special educational, medical or financial needs?

Is there anyone in your family that you consider to be a good money manager?

Whom do you want to manage your estate from an investment standpoint?

To whom would that person look for management help?

Is reducing or eliminating taxation at death of great importance to you?

Is minimizing income taxes of great importance to you?

Do you contemplate making future gifts?

Furnish details:

Do you wish to make bequests to a religious organization or order or to any other charitable organization?

In cash or in kind?

Furnish details:

If none of your children are living at the time of your spouse's death, do you want your estate to go to:

☐ Your family?      ☐ Spouse's family?      ☐ Elsewhere:

Does your spouse have employment skills?    ☐ Yes    ☐ No

Do you expect that the survivor will work?    ☐ Yes    ☐ No

Will your spouse live in your present home?    ☐ Yes    ☐ No

Who will serve as your personal representative?

## Assets (provide information for both spouses)

### Cash in bank(s)

Name of bank:

Balance in each account:

### Stock held in public companies

Name:

Number of shares held:

Fair market value:

Cost:

### Interests in private corporations

Name:

Number of shares and percentage of holding client and family:

Fair market value:

Adjusted cost base:

Any shareholder's agreements:

Fiscal year of corporation:

**Bonds and debentures**

Insurer:

Adjusted cost base:

Face value:

Fair market value:

Interest rate:

Date due:

**Real estate – Residence**

Location:

Principal residence:   ☐ Yes   ☐ No

Form of ownership:

Date of acquisition:

Cost:

Fair market value:

Mortgages:

**Real estate – Cottage/Vacation**

Location:

Form of ownership:

Cost:

Fair market value:

Mortgages (payable or receivable):

Gross and net annual income from rental properties:

## Partnership interests and other business interests – Professional partnerships

Name, location and nature:

Percentage ownership:

Fair market value of interest:

Adjusted cost base of interest:

Value of goodwill:

Agreements – buy-sell, retirement, death, etc.:

Value of accounts receivable:

Fiscal year:

## Partnership interests and other business interests – Other partnerships

Name, location and nature:

Percentage of interest:

Cost:

Fair market value:

Business agreements:

Fiscal year:

Value of accounts receivable:

Gross and net annual income:

## Sole proprietorships

Name, location and nature:

Cost:

Fair market value:

Fiscal year:

Value of accounts receivable:

Gross and net annual income:

## Employment

Name of employer:

Annual salary and remuneration:

Receipts from employee profit-sharing plan, deferred profit-sharing plan, registered pension plan:

## Insurance (including policies on spouse and children)

Insurer:

Type of policy:

Face value:

Cash surrender value:

Owner:

Beneficiary:

Loans outstanding:

## Short term securities

Insurer:

Face value:

Interest received:

Date of maturity:



**Loans receivable**

Name of debtor:

Outstanding amount:

Interest value:

Repayment terms:

Reliability of debtor:

**Registered retirement savings plans**

Company:

Amount:

Beneficiary:

Current value:

**Interests in estates or trusts**

Capital:

Income:

Extent of interest:

Terms:

Powers of appointment:

## Annuities

Insurer:

Annual income:

Guarantee period:

## Company pension plans, Canada and Quebec Pension Plans

Annual income:

Guarantee period:

Name of beneficiary:

## Personal assets (Objects of art, jewellery, household furniture, antiques, collections, cars, boats etc.)

Description:

Value:

## Liabilities

### Mortgages, loans or notes payable

Creditor:

Amount:

Interest rate and terms:

Maturity date:

Amount of liabilities at date of marriage (where applicable):

**Guarantees**

On whose behalf and to whom:

Amount:

Date:

**Charitable pledges**

To:

Address:

Amount:

Date:

Terms of payment:

Advisor notes

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