

**YOUR
PERSONAL RECORDS
ORGANIZER**

This folder is designed to help you organize, in one handy location, important information about your personal and financial affairs. You'll find it provides a convenient record and will be easy to update once each year. As well, it will help your survivors wind up your personal affairs after your death.

Keep this record in a safe place along with your other important papers. Let your family know where it's kept. If you include information in here about a living will and organ donation, your family should also be aware that you've made these arrangements. Specific information about this is usually kept with you in your wallet.

YOUR PERSONAL RECORDS

Next of kin

Name _____

Telephone _____

Address _____

E-mail _____

Name _____

Telephone _____

Address _____

E-mail _____

Name _____

Telephone _____

Address _____

E-mail _____

Name _____

Telephone _____

Address _____

E-mail _____

Name _____

Telephone _____

Address _____

E-mail _____

Others to be notified

Executor _____

Telephone _____

Address _____

E-mail _____

Financial security advisor _____

Telephone _____

Address _____

E-mail _____

Employer/business partner(s) _____

Telephone _____

Address _____

E-mail _____

Lawyer _____

Telephone _____

Address _____

E-mail _____

Accountant _____

Telephone _____

Address _____

E-mail _____

Doctor

Telephone

Address

E-mail

Dentist

Telephone

Address

E-mail

Bank/credit union

Telephone

Address

E-mail

Stock broker

Telephone

Address

E-mail

Trust officer

Telephone

Address

E-mail

Your will

Do you have a will? Yes No

The original is located _____

A copy is located _____

The will was dated/last updated _____

Living will

Do you have a living will
(if allowed in your province)? Yes No

Where is your living will kept?

Power of attorney

Have you named a power of attorney? Yes No

Who _____

Arrangements are made through _____

The original is located _____

A copy is located _____

Organ donation

Do you want to donate your organs
or body for transplant, medical research
or education? Yes No

If yes, have you explained this in your:

- will?
- organ donor card?
- driver's license?

Funeral arrangements

Have you made funeral arrangements? Yes No

Funeral home and address _____

Telephone _____

Have you set out instructions
for burial/cremation or funeral? Yes No

Are these instructions in your will? Yes No
In a letter? Yes No

They are located _____

Do you own a cemetery plot? Yes No

Have you provided for its ongoing care? Yes No

The plot is located _____

The deed to it is kept _____

Personal information

Date of birth _____

Place of birth _____

Birth certificate is located _____

Social insurance/social security number _____

Citizenship papers Yes No

They are located _____

Marriage certificate Yes No

Located _____

Military service Yes No

Discharge papers are located _____

Country served _____

Veteran's number _____

Previous employers

Start with the first and put the current or most recent employer last.

Employer _____

Year _____

Address/e-mail _____

Employer _____

Year _____

Address/e-mail _____

Employer _____

Year _____

Address/e-mail _____

Employer _____

Year _____

Address/e-mail _____

Employer _____

Year _____

Address/e-mail _____

Bank accounts

Be sure to list all your bank accounts, so your executor or family can find the money you have in these accounts.

Bank/credit union _____

Branch _____

Account # _____

Type _____

Bank/credit union _____

Branch _____

Account # _____

Type _____

Bank/credit union _____

Branch _____

Account # _____

Type _____

Bank/credit union _____

Branch _____

Account # _____

Type _____

Financial commitments

Rent or mortgage payments

Amount \$ _____

Due date _____

Lender _____

Address _____

Outstanding loans

Amount \$ _____

Due date _____

Lender _____

Address _____

Amount \$ _____

Due date _____

Lender _____

Address _____

Bills paid through automatic payment plan

Amount \$ _____

Due date _____

Company _____

Address _____

Amount \$ _____

Due date _____

Company _____

Address _____

Amount \$ _____

Due date _____

Company _____

Address _____

Amount \$ _____

Due date _____

Company _____

Address _____

Other financial obligations or commitments

For _____

Located _____

For _____

Located _____

Life insurance

Policies you own on your life

Company _____

Policy number _____

Policy is located _____

Company _____

Policy number _____

Policy is located _____

Company _____

Policy number _____

Policy is located _____

Policies you own on others

Company _____

Policy number _____

Policy is located _____

Company _____

Policy number _____

Policy is located _____

Policies others own on your life

Company _____

Policy number _____

Policy is located _____

Group or association life insurance

Company _____

Policy number _____

Policy is located _____

Company _____

Policy number _____

Policy is located _____

Disability insurance

Company _____

Policy number _____

Policy is located _____

Company _____

Policy number _____

Policy is located _____

Hospital and medical insurance

Company _____

Policy number _____

Policy is located _____

Company _____

Policy number _____

Policy is located _____

Pension plans

Are you a member of a registered pension plan?
 Yes No

Carrier name and address _____

Carrier name and address _____

Information about these plans is located _____

Do you have a registered retirement savings plan (RRSP)?
 Yes No

Carrier name and address _____

Carrier name and address _____

Information about these plans is located _____

Are you a member of a deferred profit sharing plan?
 Yes No

Carrier name and address _____

Carrier name and address _____

Information about these plans is located _____

Investments

Segregated funds/mutual funds/RESPs Yes No

Fund

Policy number _____

Carrier name and address _____

Do you invest regularly using automatic withdrawals?
 Yes No

How often? _____

Where is it taken from? _____

Do you receive income? Yes No

How often? _____

Where is it deposited? _____

Information about these investments is located _____

Fund

Policy number _____

Carrier name and address _____

Do you invest regularly using automatic withdrawals?
 Yes No

How often? _____

Where is it taken from? _____

Do you receive income? Yes No

How often? _____

Where is it deposited? _____

Information about these investments is located _____

Fund

Policy number

Carrier name and address

Do you invest regularly using automatic withdrawals?

 Yes No

How often?

Where is it taken from?

Do you receive income?

 Yes No

How often?

Where is it deposited?

Information about these investments is located

Fund

Policy number

Carrier name and address

Do you invest regularly using automatic withdrawals?

 Yes No

How often?

Where is it taken from?

Do you receive income?

 Yes No

How often?

Where is it deposited?

Information about these investments is located

RRIF and/or annuity contracts Yes No

Policy number

Carrier name and address

Do you receive income?

 Yes No

How often?

Where is it deposited?

Information about these annuities is located

Policy number

Carrier name and address

Do you receive income? Yes No

How often?

Where is it deposited?

Information about these annuities is located

Bonds and government investmentsDo you have any government bonds? Yes No

Type of bond

Bearer

Registered in my name Yes No

Co-registered with

Serial numbers

The bonds are located

SecuritiesDo you own any stocks or bonds? Yes No

Information about them is located

Did you acquire any of them by gift or inheritance?

 Yes No

Are any of your securities pledged for loans?

 Yes No

With whom

Residence and real estate

Type of real estate (e.g. house, condo, etc.)	Title is held by	Is there a mortgage?	Mortgage is held by
_____	<input type="checkbox"/> You <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> You <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> You <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Where are the following located?

Deeds _____

Copy of mortgages _____

Property insurance policies _____

Land surveys _____

Property tax receipts _____

Leases _____

Building cost figures _____

Personal property

List all vehicles you own _____

Vehicle registrations are located _____

Bill of sale and insurance papers are located _____

Jewelry, stamp collections, coin collections, etc. are located _____

Are household furnishings insured? Yes No

Bill of sale, an inventory of and insurance policies for household furnishings are located: _____

Debtors and creditors

People who owe you money

Name _____

Amount _____

Date _____

Address/e-mail _____

Name _____

Amount _____

Date _____

Address/e-mail _____

People to whom you owe money (other than previously listed)

Name _____

Amount _____

Date _____

Address/e-mail _____

Name _____

Amount _____

Date _____

Address/e-mail _____

Loan agreements or promissory notes are located _____

Safe deposit box

Do you have a safe deposit box? Yes No

Location _____

Names of others who have access to it _____

Location of the keys _____

List of contents is kept _____

Charitable gifts

For _____

Address _____

For _____

Address _____

Contractual obligations

For _____

Located _____

For _____

Located _____

Located _____

For _____

Located _____

Trust funds

Have you created any trusts? Yes No

Purpose _____

Trust agreement was drawn up by _____

Trust papers are located _____

Income tax

Your tax advisor is _____

Telephone _____

Address _____

E-mail _____

Your tax data and supporting data are located _____

Memberships

List all memberships in clubs, associations and subscriptions.

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____
