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# Estate planning

Your estate record keeper



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Your Estate Record Keeper by Invesco is a comprehensive tool that lets you store financial and personal information in one place. Try not to be put off by its length – taking the time to thoroughly complete this Record Keeper benefits you in several key ways including:

- Peace of mind knowing that your designated estate executor has the details necessary to manage your financial affairs on your behalf
- The first step in developing two key personal plans – your estate plan and your financial plan
- A record of your personal and financial information in one handy place for future reference

Don't forget to let your executor know where you plan on storing your estate Record Keeper – that way it can easily be located by others if needed. To simplify your estate planning decisions, ask your advisor about Invesco's brochure *Estate planning: 10 Simple steps*, our *Tax & Estate InfoPages* or visit our website at [www.invesco.ca](http://www.invesco.ca) for more information.

**Date prepared/updated:** \_\_\_\_\_

## Personal information

**Your name** (Given name, middle, surname): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Insurance Number and card location: \_\_\_\_\_

Driver's licence number and card location: \_\_\_\_\_

Provincial health number and card location: \_\_\_\_\_

**Spouse/partner's name** (Given name, middle, surname): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Insurance Number and card location: \_\_\_\_\_

Driver's licence number and card location: \_\_\_\_\_

Provincial health number and card location: \_\_\_\_\_

## Children

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Current address: \_\_\_\_\_ Current address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
(for minor children) (for minor children)

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**Children** (continued)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_ Current address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Social Insurance Number: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
(for minor children) (for minor children)

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**Other beneficiaries of your Will**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Personal advisors****Your powers of attorney**

Property  Personal care

Location: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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## Your spouse/partner's powers of attorney

Property  Personal care

Location: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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## Your professional advisors

### Doctor:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### Lawyer:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### Accountant:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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**Your professional advisors** (continued)

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**Financial advisor:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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**Banking contact:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Important documents/items**

**Your Will**

Date of last Will/codicil: \_\_\_\_\_

Will location: \_\_\_\_\_

Executor/Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Executor/Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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**Your spouse/partner's Will**

Date of last Will/codicil: \_\_\_\_\_

Will location: \_\_\_\_\_

Executor/Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Executor/Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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## Funeral arrangement

Pre-planned funeral: yes  no

Funeral home address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Details of other arrangement: \_\_\_\_\_

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## Cemetery plot

Plot number and location: \_\_\_\_\_

Location of plot deed: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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## Safety deposit box

Box 1 location: \_\_\_\_\_ Box 2 location: \_\_\_\_\_

Box number: \_\_\_\_\_ Box number: \_\_\_\_\_

Key location: \_\_\_\_\_ Key location: \_\_\_\_\_

---

## Location of other important documents

Your birth certificate: \_\_\_\_\_

Spouse/partner's birth certificate: \_\_\_\_\_

Children's birth certificates: \_\_\_\_\_

Marriage certificate: \_\_\_\_\_

Citizenship and passports: \_\_\_\_\_

Medical records: \_\_\_\_\_

Income tax returns: \_\_\_\_\_

Banking records: \_\_\_\_\_

Investment records: \_\_\_\_\_

Loans/Mortgage records: \_\_\_\_\_

Vehicle ownership records: \_\_\_\_\_

Separation/Divorce papers: \_\_\_\_\_

Marriage/Cohabitation/Separation agreement: \_\_\_\_\_

Custody/Adoption records: \_\_\_\_\_

Other (specify): \_\_\_\_\_

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# Accounts

Household account	Provider	Account number	Telephone number	Key contact
Electricity/ hydro provider				
Oil/gas company				
Internet service provider				
Cellular phone service provider				
Lawn care/Snow removal provider				
Magazine/ Newspaper (1)				
Magazine/ Newspaper (2)				
Cable/Satellite provider				
Home telephone				
Security monitor provider				
Club membership (1)				
Club membership (2)				
Other				



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**Bank account information**

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Financial assets

## Investment account information

(Account type includes cash account, margin account, RRSPs, RRFs, locked-in accounts, RESPs, annuities, TFSAs)

Firm: \_\_\_\_\_

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: \_\_\_\_\_

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: \_\_\_\_\_

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: \_\_\_\_\_

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: \_\_\_\_\_

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Financial assets

## Investment account information (continued)

Firm: \_\_\_\_\_

Account number

Account type

Ownership (individual, joint)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Other investments (e.g., Canada Savings Bonds, share certificates)

Item description

Location

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

## Pension plans (DB, DC, DPSP, or group RRSP)

Company name: \_\_\_\_\_ Company name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employee/Plan number: \_\_\_\_\_ Employee/Plan number: \_\_\_\_\_

Company name: \_\_\_\_\_ Company name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employee/Plan number: \_\_\_\_\_ Employee/Plan number: \_\_\_\_\_

## Annuities

Issuing company: \_\_\_\_\_ Issuing company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

## Other assets

### Valuable personal assets (e.g., cars, art, jewelry, coin collection, etc.)

Item description	Location
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

## Real estate

### Principal residence:

Address: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Deed location: \_\_\_\_\_

#### Mortgage:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Reference number: \_\_\_\_\_

Location of mortgage document: \_\_\_\_\_

#### Property tax information:

Property identifier number: \_\_\_\_\_

Municipality: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Location of rental agent (where applicable): \_\_\_\_\_

### Other property:

Address: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Deed location: \_\_\_\_\_

#### Mortgage:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Reference number: \_\_\_\_\_

Location of mortgage document: \_\_\_\_\_

#### Property tax information:

Property identifier number: \_\_\_\_\_

Municipality: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Location of rental agent (where applicable): \_\_\_\_\_

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## Business interest

Company name: \_\_\_\_\_

Sole proprietor/Partnership/Corporation: \_\_\_\_\_

Location of key documents (e.g., shareholder, buy/sell agreements): \_\_\_\_\_

Company name: \_\_\_\_\_

Sole proprietor/Partnership/Corporation: \_\_\_\_\_

Location of key documents (e.g., shareholder, buy/sell agreements): \_\_\_\_\_

## Insurance

### Life insurance (term/whole life/universal)

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_

Insured: \_\_\_\_\_ Insured: \_\_\_\_\_

Type: \_\_\_\_\_ Type: \_\_\_\_\_

Face value: \_\_\_\_\_ Face value: \_\_\_\_\_

Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Agent's name: \_\_\_\_\_ Agent's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_

Insured: \_\_\_\_\_ Insured: \_\_\_\_\_

Type: \_\_\_\_\_ Type: \_\_\_\_\_

Face value: \_\_\_\_\_ Face value: \_\_\_\_\_

Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Agent's name: \_\_\_\_\_ Agent's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

**Disability/Critical illness/Long-term care insurance**

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
Type: \_\_\_\_\_ Type: \_\_\_\_\_  
Coverage amount: \_\_\_\_\_ Coverage amount: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Agent's name: \_\_\_\_\_ Agent's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
Type: \_\_\_\_\_ Type: \_\_\_\_\_  
Coverage amount: \_\_\_\_\_ Coverage amount: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Agent's name: \_\_\_\_\_ Agent's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

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**Other insurance** (health, home, auto, travel, mortgage, other)

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
Type: \_\_\_\_\_ Type: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Coverage amount: \_\_\_\_\_ Coverage amount: \_\_\_\_\_  
Insurer contact number: \_\_\_\_\_ Insurer contact number: \_\_\_\_\_  
Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
Type: \_\_\_\_\_ Type: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Coverage amount: \_\_\_\_\_ Coverage amount: \_\_\_\_\_  
Insurer contact number: \_\_\_\_\_ Insurer contact number: \_\_\_\_\_  
Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

## Insurance (continued)

### Other insurance (continued)

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
Type: \_\_\_\_\_ Type: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Coverage amount: \_\_\_\_\_ Coverage amount: \_\_\_\_\_  
Insurer contact number: \_\_\_\_\_ Insurer contact number: \_\_\_\_\_  
Policy location: \_\_\_\_\_ Policy location: \_\_\_\_\_

## Liabilities

### Loan and credit line information

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Borrower: \_\_\_\_\_  
Details: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Borrower: \_\_\_\_\_  
Details: \_\_\_\_\_

---

### Credit cards

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Name on card: \_\_\_\_\_  
Card number: \_\_\_\_\_ Card number: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Name on card: \_\_\_\_\_  
Card number: \_\_\_\_\_ Card number: \_\_\_\_\_



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## Contact us

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Commissions, trailing commissions, management fees and expenses may all be associated with mutual fund investments. Mutual funds are not guaranteed, their values change frequently and past performance may not be repeated. Please read the simplified prospectus before investing.

Copies are available from your advisor or from Invesco Canada Ltd.

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