



WILL QUESTIONNAIRE

****NOTE: Please do your best to complete all required fields below. If you require additional space for any portion of the form, please use the space provided at the end. If you are uncertain of the answers to any of the fields below, please leave blank and submit the form as is. A member of the Entrust team will be in touch to discuss the matter with you further. Thank you****

PART 1 – PERSONAL INFORMATION			
Please choose which estate planning documents you are interested in:			
INFORMATION ABOUT YOU			
Full Legal Name:			
Address:			
Telephone:	Home	Business	Mobile
Can we leave messages:	Preferred Number:		
Preferred E-mail:			
How were you referred to our office?			
Date of Birth:			
Place of Birth:			
Citizenship(s):			
Permanent Residence:			
Marital Status:			
Date of Marriage:			
Are you cohabiting with someone other than a spouse?			
Any other relationships?			
Occupation(s):			



Any medical conditions?	
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INFORMATION ABOUT YOUR SPOUSE

Full Legal Name:	
Date of Birth:	
Place of Birth:	
Citizenship(s):	
Permanent Residence:	
Any other relationships?	
Occupation(s):	
Any medical conditions?	

YOUR CHILDREN

Please list all children of yours and your spouse, including any children who have predeceased you

Name	Address	Birthdate	Is the child yours?/ your spouse / partners? Or both?
Have any of your children predeceased you?			

If yes, please provide their names and date of death

If so, did they leave any surviving children?	
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Names	
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YOUR GRANDCHILDREN / GREAT GRANDCHILDREN
Please list all grandchildren / great grandchildren of yours and your spouse

Name	Address	Birthdate	Whose child is this?

NEXT-OF-KIN
If you do not have a spouse or any children, please provide the following information about each of your closest relatives: parents, siblings, nieces or nephews, etc.

Name	Address	Birthdate	Relationship to You

PART 2 – ADDITIONAL INFORMATION			
ASSETS OUTSIDE OF BRITISH COLUMBIA			
Do you or your spouse own any assets outside of British Columbia?			
If yes, please provide a short description of these assets along with their location(s):			
BUSINESS INFORMATION			
Are you or your spouse a director or shareholder of any corporations?			
If yes, please complete the Business Information Schedule by clicking the link below. Click here			
DISABILITY PLANNING			
Does any beneficiary that you or your spouse wish to name in your Will have a disability that is receiving government disability assistance?			
If yes, please complete the Disability Estate Planning Schedule by clicking the link below. Click here			
PART 3: FINANCIAL INFORMATION			
REAL PROPERTY			
Do you own any Real Estate?			
Registered Owner(s):			
Address:			



Value:	
Mortgage Balance:	
Address:	
Value:	
Mortgage Balance:	

If you own more than two properties, please provide a list of additional properties with address, value, and mortgage balances.

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BANKING

List all financial institutions you bank with or hold any investments:

Institution:	Account Type:	Value:	Names on Account

If you have more than 4 accounts, please provide a list of additional accounts with the name of the branch, account type, approximate value, and if it is held jointly or has a named beneficiary.

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JOINT OWNERSHIP

If you hold any joint accounts, what is your intention?

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RRSPs / RRIFs / RESPs / TFSAs

List all RRSP / RRIF / RESP / TFSA accounts

Institution:	Account Type:	Value:	Beneficiary Name

****Please provide current statements for these accounts**

LIFE INSURANCE

Please provide company(ies) and value of policy(ies)

Who is the beneficiary of the policy(ies)?	
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PENSION PLANS

Please provide company(ies) and value of policy(ies)

VEHICLES

List of any motor vehicles, watercraft, recreational vehicles:

Description:	Value:

DIGITAL AND ELECTRONIC INFORMATION AND ONLINE ACCOUNTS

Do you have any digital or electronic information or online accounts?	
Do you have any digital currency or cryptocurrency such as Bitcoin?	
If so, have you “coded” that currency with any documents or wishes?	

REWARD PLANS

List any reward points plans, such as Airmiles, Aeroplan, etc.

LIABILITIES

List of Liabilities

Creditor:	Amount:	Debtor:

Do you have any interests in any existing estates or trusts?

If so, please provide brief summary

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ESTIMATED NET VALUE OF ESTATE \$

PART 4: WILL INSTRUCTIONS FOR DISCUSSION

Do you have an existing Will?
 (If yes please provide a copy)

EXECUTOR(S):

Please indicate if any person appointed as an executor is a US Resident.

Executor(s) - Names	Address/Phone	Relationship	Appointment
			Primary
			Alternate

			Joint with others named
			Primary
			Alternate
			Joint with others named
			Primary
			Alternate
			Joint with others named
			Primary
			Alternate
			Joint with others named
If you are appointing more than two executors acting together, do you wish that the majority be allowed to make decisions, even if one executor does not agree?			
<p>GUARDIAN(S): If you have minor children</p>			
Guardian(s)	Full Name	Relationship	

Alternate(s)	Full Name	Relationship
PART 5: DISTRIBUTION		
PERSONAL EFFECTS (Example: jewelry, household items, furniture, automobiles, etc.)		
How and to whom would you like your personal effects distributed?		
Do you want to leave a particular personal item to anyone?		
If yes, please provide a description of the item(s) and the names and address of the recipient(s)		
Do you want to leave a particular asset such as real estate, shares of a family business or a club membership to a particular person?		
If yes, please provide details:		
CASH LEGACY		
Do you want to leave a cash gift to anyone?		

If yes, please provide details	
CHARITABLE GIFT	
Do you want to leave a charitable gift?	
If yes, please provide details	
RESIDUE	
This consists of the assets remaining in your Estate after payment of liabilities, taxes, specific gifts, legacies etc.	
Provision for Spouse	Please Check One:
1. Outright gift: My spouse or partner is to receive 100% of the residue of my estate if he or she survives me for 30 days.	
2. Spousal or partner trust: My executor is to invest my estate and pay my spouse or partner 100% of the net annual income produced by the residue of my estate during my spouse's or partner's lifetime.	
3. Other provision for Spouse or Partner (please describe)	
4. None – please provide reason	

Provision for Children		Please Check One:
1.	My estate is to be divided equally among all my children. If a child predeceases me, his or her share of my estate is to be divided equally among: _____ his/her children or _____ my other children	
2.	My estate is to be divided equally among all my children but they are not to receive their inheritance until the following age(s): _____ % at age _____ _____ % at age _____ the balance at age _____	
	If any of my children die before reaching the age that they receive the balance of the funds, the balance remaining shall be divided equally among: _____ his/her children or _____ my other children	
3.	Other provision for Children (please describe	
4.	None – please provide reason	
Are all loans and advances made during your lifetime to any of your beneficiaries to be forgiven on your death?		
If not, please provide details of any debts owing to your estate		

ALL ELSE FAILS

Who do you want to receive your estate if none of your primary intended beneficiaries (that is, spouse/partner, children, grandchildren) live to inherit?

Person or Charity:	Relationship to you:	Address:	Percentage:

PROVISIONS IF NO SPOUSE OR CHILDREN

If you do not have a spouse/partner or children or do not want to leave your estate to them, who do you want to receive your estate? Provide the following information for each such beneficiary:

Name:	Relationship to you:	Address:	Percentage:

FUNERAL WISHES

Funeral Wishes	
Have you made any pre-paid funeral arrangements?	
If so, please provide the funeral home name they are with	

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Any specific funeral wishes?

Space for Additional Information