



INFORMATION ABOUT YOU

****NOTE: Please do your best to complete all required fields below. If you are uncertain of the answers to any of the fields below, please leave blank and email the form as is to kokimaw@entrustlaw.ca. 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:			
<input type="checkbox"/> Will (wishes upon your death) <input type="checkbox"/> Power of Attorney (legal/financial affairs while living) <input type="checkbox"/> Representation Agreement (health/personal care while living) <input type="checkbox"/> Other			
INFORMATION ABOUT YOU			
Full Legal Name:			
Address:			
Telephone:	Home	Business	Mobile
Can we leave messages: <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Number:			
Preferred E-mail:			
How were you referred to our office?			
Date of Birth:			
Place of Birth:			
Citizenship(s):			
Permanent Residence:			
Marital Status:	<input type="checkbox"/> Legally Married <input type="checkbox"/> Common Law <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Date of Marriage:			
Are you cohabiting with someone other than a spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other relationships?			
Occupation(s):			
Any medical conditions?			

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide their names and date of death			
If so, did they leave any surviving children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Names			
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? Yes No

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? Yes No

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? Yes No

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? Yes No

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 Yes No

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

- Survivor takes all
- Joint for convenience, part of your estate
- Beneficial interest to survivor on death

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 Yes No

Please provide company(ies) and value of policy(ies)		
Who is the beneficiary of the policy(ies)?		
PENSION PLANS <input type="checkbox"/> Yes <input type="checkbox"/> No		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any digital currency or cryptocurrency such as Bitcoin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, have you "coded" that currency with any documents or wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GIFT OR 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please provide brief summary		
ESTIMATED NET VALUE OF ESTATE	\$	