



## INFORMATION FORM - ESTATE PLANNING

**Please complete and return this Information Form to the best of your ability. Once you have returned the form we will contact you to set up a telephone call or in person meeting.**

**A \$500.00 retainer is required prior to opening your file, please make arrangements for payment by cheque, e-transfer, or online at:**  
<https://secure.lawpay.com/pages/entrustlaw/trust-new>

### Why the Form Matters

Our analysis of your Information Form improves the outcome for your Estate. Consider a few examples:

- **Title:** The name(s) on the title to assets may affect how they pass on death, irrespective of the terms of an owner's Will. Joint assets have complex rules governing whether or not they will pass to a surviving joint owner. We can help you understand this.
- **Beneficiary Designations:** Designating a beneficiary may direct an asset to a beneficiary upon the owner's death, outside of the terms of owner's Will. Beneficiary designations need to be considered as part of the overarching scheme. This avoids potential concerns with mis-matched taxation/benefit from the asset, premature receipt of the asset by a young person and estate liquidity concerns.
- **Personal Relationships & Agreements:** Relationships between people or written agreements may create obligations restricting how you may dispose of assets at death. A failure to consider this could create litigation in your Estate.
- **Probate Fees:** Knowledge of this information allows us to identify potential opportunities to minimize probate fees.

### How to Return and Complete the Forms

In completing the forms:

- **Precise Values:** Rounding asset and liability values is acceptable.
- **Account Numbers:** It is discretionary whether you provide account and policy numbers at this stage. To do so may allow you to create a valuable inventory you may save for your Executor.
- **Additional Information:** If there are assets/liabilities or issues that apply to you that are not covered by this Information Form, please let us know.
- **Planning Instructions:** Please do not write instructions on these forms for how your Estate is to pass. This is to be discussed in our meeting.

### Cost Efficiency

Your completion of this Information Form with all particulars maintains cost efficiency. It means the important information we require is available when we begin our project. It avoids additional fees for our time spent seeking this information at later stages.

Sometimes clients ask to provide information via their own financial summary document, or asset statements from an institution. We can work distil information provided in these alternate manners. Typically, this is less cost-effective to the client, given it requires extra time.

### Lawyer-Client Relationship

Please note that in order to establish a lawyer-client relationship we must complete and sign an Engagement Letter.

## 1. Personal Information

Client		Spouse		N/A
Title		Title		
Full Legal Name		Full Legal Name		
Alias		Alias		
Address		Address		
Cell Phone		Cell Phone		
Home Phone		Home Phone		
Email		Email		
Place of Birth		Place of Birth		
Date of Birth		Date of Birth		
Occupation		Occupation		
Employer		Employer		

What prompted you to contact me?

Do you have any existing testamentary documents? Please select all that apply.

Do you have any existing testamentary documents? Please select all that apply.

Will(s)

Will(s)

Codicil(s)

Codicil(s)

Power of Attorney

Power of Attorney

Representation Agreement

Representation Agreement

Other

Other

*Please provide me with digital copies of any existing testamentary documents. If you do not have digital copies, please drop copies to our office.*

## 2. Relationship Information

Client		Spouse		N/A
Marital Status		Marital Status		
Date of marriage, planned wedding, or cohabitation		Date of marriage, planned wedding, or cohabitation		

Date of separation or divorce		Date of separation or divorce	
Name of former spouse		Name of former spouse	
Do you have any support obligations to your former spouse or to any children?	Yes      No	Do you have any support obligations to your former spouse or to any children?	Yes      No

*Please provide details in Notes section, including whether there is more than one separation or divorce.*

Do you have any agreement with a current or former spouse/partner? <i>If yes, please indicate the type of contract below:</i>	Do you have any agreement with a current or former spouse/partner? <i>If yes, please indicate the type of contract below:</i>
Cohabitation Agreement Marriage Agreement Separation Agreement Divorce Order Court Order Other:	Cohabitation Agreement Marriage Agreement Separation Agreement Divorce Order Court Order Other:

*Please provide me with digital copies of any existing documents.*

### Notes

### 3. Citizenship and Residency

Client		Spouse		N/A
Current residency for income tax purposes		Current residency for income tax purposes		
Citizenship		Citizenship		
Additional Citizenship(s) (if applicable)		Additional Citizenship(s) (if applicable)		

Are you a current/former US citizen or resident?	Yes	No	Unsure	Are you a current/former US citizen or resident?	Yes	No	Unsure
Are your parents current/former US citizens or residents?	Yes	No	Unsure	Are your parents current/former US citizens or residents?	Yes	No	Unsure
Are any of your children current/former US citizens or residents?	Yes	No	Unsure	Are any of your children current/former US citizens or residents?	Yes	No	Unsure
Is there any other person who may benefit from your Estate who is a current/former US citizen/resident?	Yes	No	Unsure	Is there any other person who may benefit from your Estate who is a current/former US citizen/resident?	Yes	No	Unsure
Do you own any US assets?	Yes	No	Unsure	Do you own any US assets?	Yes	No	Unsure

### 4. Children

Not Applicable

Please list all children (biological, adopted, or stepchildren), even if you do not intend to benefit the child.

Full Legal Name	Biological, Adopted, or Stepchild	Birthdate	Special Needs (if any)	Citizenship	Address

## 5. Grandchildren

Not Applicable

Please list all grandchildren (biological, adopted, or step-grandchildren), even if you do not intend to benefit the grandchild.

Full Legal Name	Birthdate	Special Needs (if any)	Citizenship	Address	Name of Parent

## 6. Dependents

Not Applicable

Dependents: Please list all dependents other than your spouse and minor children. This includes any person to whom you provide regular financial or housing support.

Full Legal Name	Birthdate	Special Needs (if any)	Citizenship	Address	Name of Parent

**7. More Remote Next of Kin:** Please list your parents and siblings.

Not Applicable

Next of Kin of		
Name	Relationship to you	Address

Not Applicable

Next of Kin of		
Name	Relationship to you	Address

## 8. Your Relationship with other Estates and Trusts

Client				Spouse				N/A
Are you the beneficiary of an Estate or Trust already under administration?	Yes	No	Unsure	Are you the beneficiary of an Estate or Trust already under administration?	Yes	No	Unsure	
Have you set up a Trust for the benefit of someone else?	Yes	No	Unsure	Have you set up a Trust for the benefit of someone else?	Yes	No	Unsure	
Are you the Trustee of a trust?	Yes	No	Unsure	Are you the Trustee of a trust?	Yes	No	Unsure	
Are you presently the Executor of an Estate?	Yes	No	Unsure	Are you presently the Executor of an Estate?	Yes	No	Unsure	
Do you have a power of appointment under an existing Estate or Trust (the right to name beneficiaries or appoint trustees)?	Yes	No	Unsure	Do you have a power of appointment under an existing Estate or Trust (the right to name beneficiaries or appoint trustees)?	Yes	No	Unsure	
Do you expect to become the beneficiary of an Estate or Trust?	Yes	No	Unsure	Do you expect to become the beneficiary of an Estate or Trust?	Yes	No	Unsure	

*For any item above where you have answered 'Yes', please provide a digital copy of the Will or Deed, and any other details you have available.*

## Financial Information

### 9. Key Advisors

Not Applicable

Please provide contact information for any professionals (accountants, financial planners, insurance brokers, etc.) who may be able to provide additional information about your assets and Estate planning needs.

*Checking this box indicates consent to contact the respective advisor to discuss Estate planning matters if determined beneficial by Entrust Law Corporation.*

Name	Type of Professional	Address	Phone/Fax/Email

## 10. Safety Deposit Box

Do you have a Safety Deposit Box?	Yes	No
If you do, is it held jointly with anyone?	Yes	No
Location of Safety Deposit Box		
Name of Joint Holder (if applicable)		

## 11. Personal Effects

Not Applicable

Please include any notable personal/household effects, particularly those that are rare or valuable.

For example: vehicles, boats, furniture, antiques and collectibles, art, and jewellery. This is not an exhaustive list of household contents. It is designed to understand approximate personal effects and notable items. Please assign an estimation to general household contents based on fair market value, not purchase price.

Item	Ownership/Registration	Description	Estimated Value



## 12. Real Estate

Not Applicable

Property #1					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

Property #2					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

Property #3					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

Property #4					
Property Address					
City		Province		Postal Code	
Names on Title				Is this your Principal Residence?	Yes No
Acquisition Cost		Current Value (Estimate)		Mortgage Balance Owing	

### 13. Bank Accounts

Not Applicable

Please include details of your personally owned chequing, saving, and similar “day to day” accounts.

Bank	Type of Account	Account No.	Owner(s)	Current Balance	Sole or Joint Ownership

### 14. Non-Registered Accounts

Not Applicable

Please include details of your personally owned non-registered investments and portfolios.

Broker	Account No.	Name of Company	Current Balance	Owner(s)

## 15. Registered Accounts

Not Applicable

Please include details of your RRSPs, RRIFs, TFSAs, and RDSP's.

Bank/Company	Type of Account	Account No.	Owner(s)	Current Balance	Named Beneficiary

## 16. Life Insurance

Not Applicable

Please list all policies of life insurance.

If any policies are for the purpose of compliance with the terms of a Shareholders, Separation, or other Agreement, please indicate which policies are affected.

Under Type of Policy, please indicate if a policy is a personal or group policy, and if it is a term, whole life, or other form of policy. If any of your policies are segregated funds, please indicate.

Company	Type of Policy	Policy No.	Life Insured Person	Policy Owner	Designated Beneficiary	Payment Amount on Death	Is this a Segregated Fund?

*Please set out details of any of the life insurance policies obtained pursuant to a Shareholders' Agreement, Separation Agreement, or other type of contract.*

## 17. RESP's

Not Applicable

Please include details of your RESPs.

Institution	Account No.	Subscriber/Owner	Value	Designated Beneficiary

## 18. Pensions

Not Applicable

Please include details of your pensions, other than CPP.

Institution or Source of Pension	Retirement/ Eligibility Date	Pension Plan No.	Owner	Current Balance	Named Beneficiary

## 19. Additional Asset Details

Client	Spouse						N/A
Do you have any genetic material currently being stored (for example, sperm, embryos, etc.)?	Yes	No	Unsure	Do you have any genetic material currently being stored (for example, sperm, embryos, etc.)?	Yes	No	Unsure
Do you own any cryptocurrency?	Yes	No	Unsure	Do you own any cryptocurrency?	Yes	No	Unsure
Do you own any property jointly with any person other than your spouse?	Yes	No	Unsure	Do you own any property jointly with any person other than your spouse?	Yes	No	Unsure
If yes, who?				If yes, who?			
Is it your intention that the joint owner become sole owner upon your death?	Yes	No	Unsure	Is it your intention that the joint owner become sole owner upon your death?	Yes	No	Unsure
Is it the intention of the other joint owner that you become sole owner upon their death?	Yes	No	Unsure	Is it the intention of the other joint owner that you become sole owner upon their death?	Yes	No	Unsure
If you have a pet, please confirm the type and number of animals.				If you have a pet, please confirm the type and number of animals.			

## 20. Interests in Partnerships or Private Companies

Not Applicable

Name of Business								
Nature of Business								
Is this an incorporated business?								
Your shareholdings				Value				
Are there other shares issued?	Yes	No	Unsure	<i>Please provide details in Notes.</i>				
Is there a Shareholders' Agreement?	Yes	No	Unsure	Are there life insurance policies related to this business?	Yes	No	Unsure	
Approximate Annual Revenue				Assets of the Corporation				
Debts of the Corporation (including Shareholders Loans)								
Notes								
<i>Please provide digital copies of any Shareholders' Agreements, by-laws, or Articles that list restrictions on shares.</i>								

Name of Business								
Nature of Business								
Is this an incorporated business?								
Your shareholdings				Value				
Are there other shares issued?	Yes	No	Unsure	<i>Please provide details in Notes.</i>				
Is there a Shareholders' Agreement?	Yes	No	Unsure	Are there life insurance policies related to this business?	Yes	No	Unsure	
Approximate Annual Revenue				Assets of the Corporation				
Debts of the Corporation (including Shareholders Loans)								
Notes								
<i>Please provide digital copies of any Shareholders' Agreements, by-laws, or Articles that list restrictions on shares.</i>								

## 21. Receivables

Not Applicable

Please provide details of debts owed to you, including Shareholder Loans, Promissory Notes, Private Mortgages, Loans, etc.

Debtor	Date Debt Created	Principal Amount	Interest Rate	Final Payment Date	Is there any agreement or security relating to this debt?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

*Please provide me with digital copies of any evidence you have for each debt.*

## Debts & Liabilities That You Owe

## 22. Debt

Not Applicable

Please list all debts you owe, secured and unsecured, including mortgages, lines of credits, bank loans, guarantees, amounts owed to other people, etc.

Creditor	Borrower	Amount Owed	Interest	Maturity Date	Is this a secured debt?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

### 23. Credit Cards

Not Applicable

List all credit card debts.

Name of Company	Account No.	Card Owner	Balance Owing

### Notes

### Summary

Total Value of Estate Assets	
Total Value of Estate Debts	
Net Value	
Annual Earned Income	