

Member Trust Services

“Making Tomorrow Secure”



Estate Planning Information

I understand that the personal information contained herein is being collected on behalf of Concentra Trust for the purpose of Estate Planning.

I hereby direct that the Credit Union, acting as Concentra Trust's agent, may:

- Use this information to inform me of Credit Union products and services that may be of interest to me and impart this information to Financial Co-operative Services organizations or other professionals as necessary to meet my financial objectives.
- Use this information to inform me of Credit Union products and services that may be of interest to me.
- Use this information solely for the purpose of estate planning.

Date

Signature

Date

Signature

In order for us to prepare your Estate Plan, we require certain basic information. Please complete the information forms in as much detail as possible. The more detailed the information you submit, the more comprehensive and useful your Estate Plan will be. If there is insufficient room on this form, please attach additional pages as required.

Note: The information you supply will be assumed to be accurate. No attempt will be made to confirm or verify this information.

DATE: _____

Personal Information

Surname: _____

Partner Surname: _____

First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

Usual Name: _____
(Only if different from Legal First Name)

Usual Name: _____
(Only if different from Legal First Name)

Maiden Name: _____
(If applicable)

Maiden Name: _____
(If applicable)

Date of Birth: _____ Age _____

Date of Birth: _____ Age _____

Place of Birth: _____

Place of Birth: _____

S.I.N.: _____

S.I.N.: _____

CU Member: Yes No

CU Member: Yes No

Marital Status: 1st Marriage
 2nd or Subsequent Marriage
 Common-Law since _____
 Engaged
 Never Married
 Separated since _____
 Divorced since _____
 Widowed since _____

Marital Status: 1st Marriage
 2nd or Subsequent Marriage
 Common-Law
 Engaged

Date and Place of Marriage: _____

Date and Place of Marriage: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Citizenship: _____

Citizenship: _____

Res. Telephone: _____

Res. Telephone: _____

Bus. Telephone: _____

Bus. Telephone: _____

Cellular: _____

Cellular: _____

Facsimile: _____

Facsimile: _____

E-Mail: _____

E-Mail: _____

Address: _____

Address: _____

Children

Name	Birth Date	Marital Status	Parents' Names	Special Needs or Physical/ Mental Infirmity	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have any of your children predeceased you? Yes No
 If yes, did they have surviving children? Yes No If yes, please provide details of their children below.

Name	Birth Date	Marital Status	Parents' Names	Special Needs or Physical/ Mental Infirmity	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Assets and Liabilities

Real Estate	Civic or Legal Description	Registration (Ownership)	Current Value
Principal Residence	_____	_____	\$ _____
Vacation Property	_____	_____	\$ _____
Rental Property	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Agricultural	<i>Please complete the Agricultural Information Supplemental Form</i>		
Out-of-Province	_____	_____	\$ _____
	_____	_____	\$ _____
Foreign	_____	_____	\$ _____
	_____	_____	\$ _____
Other	_____	_____	\$ _____

Assets and Liabilities cont'd

Household Goods and Personal Effects

Description	Registration (Ownership)	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Collectibles

Description (coins, stamps, works of art, etc.)	Registration (Ownership)	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Vehicles

Description	Registration (Ownership)	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other

Description	Maturity Date (dd/mm/yyyy)	Interest Rate	Units	Registration (Ownership)	Beneficiary	Current Value
_____	_____	_____ %	_____	_____	_____	\$ _____
_____	_____	_____ %	_____	_____	_____	\$ _____
_____	_____	_____ %	_____	_____	_____	\$ _____
_____	_____	_____ %	_____	_____	_____	\$ _____
_____	_____	_____ %	_____	_____	_____	\$ _____
_____	_____	_____ %	_____	_____	_____	\$ _____

Assets and Liabilities cont'd

Liabilities (mortgages, loans, agreements for sale, credit cards, etc.)

If Liability is life insured, please enter details under the Insurance section.

Liability Type <small>(mortgage, loan, credit card, LOC, etc.)</small>	Financing Institution	Maturity Date <small>(dd/mm/yyyy)</small>	Interest Rate	Registration (Ownership)	Current Value
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____

Supplemental Estate Planning Information

- Do any beneficiaries owe you money? Yes No
- Do you have any accounts currently held "in trust" for another individual? Yes No
- Are you considering a charitable or educational bequest in your Will? Yes No
- Are you considering using your Will to establish a Trust for:
 - Minor children? Yes No N/A
 - Adult children? Yes No N/A
 - Mentally or physically disabled person(s)? Yes No N/A
 - Your spouse or partner? Yes No N/A
 - Educational/charitable bequests? Yes No N/A
- If establishing a Trust, are you considering having a house held in this Trust? Yes No N/A
- Do any beneficiaries, excluding your children/grandchildren, have any special needs or physical/mental infirmity? Yes No
- Do you have pets? Yes No

Supplemental Estate Planning Information cont'd

Are you considering having a Will prepared? Yes No

If yes, have you considered who will be named as Executor? Yes No N/A

If yes, does the Executor reside in a different province than you? Yes No N/A

If yes, have you asked them if they are willing to act as your Executor? Yes No N/A

Do you currently have a Will? If yes, please indicate year of execution _____ Yes No

If you have children under the age of majority, have you selected a Guardian and an alternate? Yes No N/A

If yes, have you asked them if they are willing to act as Guardian? Yes No N/A

Do you have an (contingent, if applicable) enduring Power of Attorney? Yes No

If no, have you considered who will be named as Attorney? Yes No N/A

If no, have you considered how you will specify the determination of capacity? Yes No N/A

Do you have a Health Care Directive? Yes No

If no, have you considered who will be named as proxy? Yes No N/A

If yes, have you discussed your health care wishes with your proxy? Yes No N/A

Are you planning to marry in the near future? Yes No N/A

Are you currently cohabiting or planning to in the near future? Yes No N/A

Do you and your partner have a marriage contract or cohabitation agreement? Yes No N/A

Do you plan to exclude a legal spouse, partner or child from the distribution of your estate? Yes No N/A

Do you have any obligations resulting from a previous relationship (spousal or child maintenance)? If yes, include details in *Additional Comments or Concerns* section. Yes No N/A

Household Goods and Personal Effects

Do you have a Letter of Intent? Yes No

Do you have a Legal Memorandum filed with your Will? Yes No

Do you have a Safe Deposit Box? If yes, please indicate where held _____ Yes No

Have you researched the titles to all real estate you currently own? Yes No N/A

Are there any impending changes to the registration of title of any real estate you own that have not yet been registered at Land Titles? Yes No N/A

Have you made your own funeral arrangements? Yes No

If yes, are they prepaid? Yes No N/A

If yes, please provide details _____

