

# Confidential **Estate Planning** Organizer

This estate planning organizer is provided as a resource to you, our alumni and friends of the University of Alberta, and we hope it will be helpful to you.

Office of Planned Giving  
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[giving.ualberta.ca/HowToGive/PlannedGiving.aspx](http://giving.ualberta.ca/HowToGive/PlannedGiving.aspx)



# Confidential **Estate Planning** Organizer

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Prov./State \_\_\_\_\_ PC/Zip \_\_\_\_\_

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

Email address \_\_\_\_\_

## SOCIAL MEDIA ACCOUNTS

User name \_\_\_\_\_ Account \_\_\_\_\_

User name \_\_\_\_\_ Account \_\_\_\_\_

You can also prepare a list of online accounts and passwords and store them in your safety deposit box or another secure location.

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

## PERSONAL AND FAMILY INFORMATION

Your date of birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Other names used (maiden name, etc): \_\_\_\_\_

Marital status:  Single  Married  Domestic Partners/Civil Union  Widowed  Divorced  Legally Separated

Spouse's name \_\_\_\_\_

Spouse's date of birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

If you have a prenuptial agreement or a separation agreement, please bring a copy of the agreement to your attorney's office

Were you previously married?  Yes  No

Was your spouse previously married?  Yes  No

Are you a Canadian citizen?  Yes  No

If not a Canadian citizen, other citizenship \_\_\_\_\_

Is your spouse a Canadian citizen?  Yes  No

If not a Canadian citizen, other citizenship \_\_\_\_\_

Do you have a passport?  Yes  No

Passport number: \_\_\_\_\_

Citizenship: \_\_\_\_\_

**CHILDREN AND DEPENDENTS** (Please specify if a child is adopted, from a prior marriage, or deceased.)

(1) Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Child's spouse \_\_\_\_\_

Dependent \_\_\_\_\_

(2) Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse \_\_\_\_\_

Dependent \_\_\_\_\_

(3) Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse \_\_\_\_\_

Dependent \_\_\_\_\_

(4) Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse \_\_\_\_\_

Dependent \_\_\_\_\_

**NEXT-OF-KIN/OTHER**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Add more lines or attach more sheets if necessary.



# Financial Information (continued)

## Real estate

Address (please list principal residence in first box)	Date of Purchase	Value	Mortgage	How Owned (individually, spouse, joint tenancy, tenancy in common, etc.)

Please bring copies of deeds to your attorney's office.

## Guaranteed Investment Certificates and Term Deposits

Financial Institution	Location	Principal Value	Maturity Date	How Owned

# Financial Information (continued)

## Privately held stock and business interests

Investment	Form of Organization	Value	Owner (you, spouse, trust, etc.)	Percent of Ownership

Please bring copies of partnership agreements, stockholder agreements, appraisals, etc., to your attorney's office.

## Registered funds (RRSP, RRIF, RESP, TFSA, etc.)

Financial Institution and Location	Type (eg. RRSP, RRIF, RESP, TFSA)	Current Value	Owner	Beneficiaries (Primary and Contingent)

# Financial Information (continued)

## Life insurance policies

Company	Owner	Insured	Face Value	Cash Value	Loans Against	Beneficiaries (Primary and Contingent)

## Registered pension plan:

Do you belong to a company pension plan?  Yes  No

Name of beneficiary \_\_\_\_\_

Does your spouse?  Yes  No

Name of beneficiary \_\_\_\_\_

## Safety deposit box

Box Location	Box Number	Key Location

Location of important documents, passwords, card numbers, etc: \_\_\_\_\_

\_\_\_\_\_





# Financial Information (continued)

## Other assets

Description	Owner	Value	Notes

## Future or contingent income and assets

I (or my spouse) am a beneficiary of a bequest(s).

Name of testator \_\_\_\_\_ Approximate value \_\_\_\_\_

Name of testator \_\_\_\_\_ Approximate value \_\_\_\_\_

Name of testator \_\_\_\_\_ Approximate value \_\_\_\_\_

I (or my spouse) am a beneficiary of a trust fund(s).

Name of trust \_\_\_\_\_ Approximate value \_\_\_\_\_

Name of trust \_\_\_\_\_ Approximate value \_\_\_\_\_

Name of trust \_\_\_\_\_ Approximate value \_\_\_\_\_

I (or my spouse) am a beneficiary of another income or assets.

Description and value \_\_\_\_\_

Please bring copies of wills or trust documents to your attorney's office.



# Professional Advisors

## LAWYER

Firm name \_\_\_\_\_

Firm address \_\_\_\_\_

Contact \_\_\_\_\_

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

E-mail \_\_\_\_\_

## ACCOUNTANT

Firm name \_\_\_\_\_

Firm address \_\_\_\_\_

Contact \_\_\_\_\_

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

E-mail \_\_\_\_\_

## BANKING INFORMATION

Name of bank \_\_\_\_\_

Branch location \_\_\_\_\_

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

E-mail \_\_\_\_\_

Name of bank \_\_\_\_\_

Branch location \_\_\_\_\_

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

E-mail \_\_\_\_\_

## INVESTMENT ADVISOR

Name \_\_\_\_\_

Firm name \_\_\_\_\_

Firm address \_\_\_\_\_

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

E-mail \_\_\_\_\_

# Professional Advisors (continued)

## LIFE INSURANCE AGENT

Name \_\_\_\_\_

Firm name \_\_\_\_\_

Firm address \_\_\_\_\_

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

E-mail \_\_\_\_\_

## OTHER INSURANCE

Name \_\_\_\_\_

Firm name \_\_\_\_\_

Firm address \_\_\_\_\_

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

E-mail \_\_\_\_\_

# Estate Planning Objectives

Please bring copies of current estate planning documents (wills, trusts, powers of attorney, living wills, health-care proxies powers of attorney for health care, etc.) with you to your attorney's office.

## Some questions to consider

### What should happen to your estate when you pass away?

- Do you wish to provide for your spouse, children, grandchildren, and friends?
- Do you wish to provide for charitable organizations?
- How do you wish to provide for people: outright or through trusts?
- Are there particular items of personal property you wish to give to specific individuals?
- If no beneficiaries survive you, how do you want your estate distributed?
- Do you wish to disinherit anyone?

Whom do you wish to oversee the distribution of your estate when you pass away? This may include collecting assets, paying debt, filing tax returns and completing necessary paperwork, hiring an attorney, and making sure your estate is distributed in accordance with your wishes.

### Whom do you wish to name as executor or personal representative of your will?

Executor \_\_\_\_\_

Alternate executor \_\_\_\_\_

### If you have a trust, whom do you wish to name as trustee?

Trustee \_\_\_\_\_

Alternate trustee \_\_\_\_\_

### If you have minor children, whom do you wish to name as their guardian?

Guardian \_\_\_\_\_

Alternate guardian \_\_\_\_\_

### What are your preferred funeral and burial/cremation instructions?

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# Estate Planning Objectives (continued)

Do you have any personal directives or living wills?

Primary agent \_\_\_\_\_

Alternate agent \_\_\_\_\_

What are your wishes regarding the receipt of life-sustaining treatment in the event of an incurable condition?

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Do you currently have an enduring power of attorney?

Primary attorney \_\_\_\_\_

Alternate attorney \_\_\_\_\_

# Supporting the University of Alberta with a Charitable Bequest

## Suggested Endowment Bequest Language:

"I give and bequeath the sum of \$\_\_\_\_\_ (or \_\_\_\_\_% of the residue of my estate) to the University of Alberta, care of the Office of Advancement, to establish an endowment fund, the income of which is to be used by the University of Alberta or by the Faculty/School of \_\_\_\_\_ to support (insert designation: for example, library, fellowship, scholarship, bursary or other award) in my name (or in memory of \_\_\_\_\_).

If the University of Alberta is unable to apply all or part of these funds for the specific purpose(s) stated herein, the Board of Governors of the University of Alberta is authorized to apply this bequest to other purposes; such purposes, however, to conform as closely as possible to the spirit and intent of this bequest."

## Suggested General Purposes Bequest Language:

"I give and bequeath the sum of \$\_\_\_\_\_ (or \_\_\_\_\_% of the residue of my estate) to the University of Alberta, care of the Office of Advancement, for the general purposes of the University and its greatest needs OR to be used in the Faculty/School of \_\_\_\_\_ for its general purposes and greatest needs OR to be used in the Faculty/School of \_\_\_\_\_ designated to \_\_\_\_\_ (identify program or project).

If the University of Alberta is unable to apply all or part of these funds for the specific purpose(s) stated herein, the Board of Governors of the University of Alberta is authorized to apply this bequest to other purposes; such purposes, however, to conform as closely as possible to the spirit and intent of this bequest."

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Should you wish to support the University of Alberta in your will, please note that our legal name is "The University of Alberta". Your lawyer may want to know the university's charitable registration number is 10810 2831 RR0001.

The University of Alberta Office of Planned Giving is prohibited from giving legal or financial advice, and nothing provided in this organizer should be interpreted as such. The University of Alberta Office of Planned Giving encourages you to consult with your own advisor before creating an estate plan or deciding whether to create a future gift for the University of Alberta.

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