

YOUR personal records organizer



THE
Great-West Life
ASSURANCE  COMPANY

Your personal records organizer provided by Great-West Life helps you organize important information about your personal and financial affairs in one handy location. You'll find it easy to update once a year. It will also help your survivors wind up your personal affairs after your death.

Keep this records organizer in a safe place with your other important papers. Let your family know where it's located.

If you include information here about a living will or organ donation, tell your family you've made those arrangements. You'll probably also keep information about this in your purse or wallet.

Please note: In Quebec, executors are known as liquidators. Accordingly, references to "executors" include liquidators in Quebec. Also in Quebec, some estate planning duties may be performed by either lawyers or notaries, with some being more typically performed by notaries.

This organizer is available both as a printed piece and as an electronic Word document. Please let your financial security advisor know which you prefer.



Your personal records

NEXT OF KIN

Name_____

Address_____

Telephone_____Email_____

Name_____

Address_____

Telephone_____Email_____

Name_____

Address_____

Telephone_____Email_____

Name_____

Address_____

Telephone_____Email_____

OTHERS TO NOTIFY IN THE EVENT OF DEATH

Executor

Name_____

Address_____

Telephone_____Email_____

Financial security advisor

Name_____

Address_____

Telephone_____Email_____



Employer or business partners

Name_____

Address_____

Telephone_____Email_____

Lawyer

Name_____

Address_____

Telephone_____Email_____

Accountant

Name_____

Address_____

Telephone_____Email_____

Doctor

Name_____

Address_____

Telephone_____Email_____

Dentist

Name_____

Address_____

Telephone_____Email_____



Bank or credit union

Name_____

Address_____

Telephone_____Email_____

Stockbroker

Name_____

Address_____

Telephone_____Email_____

Trust officer

Name_____

Address_____

Telephone_____Email_____

YOUR WILL

Do you have a will? ☐ Yes ☐ No

The original is located_____

A copy is located_____

The will was last updated_____

LIVING WILL

Do you have a living will (if allowed in your province)? ☐ Yes ☐ No

Living will is kept_____





POWER OF ATTORNEY

Do you have a power of attorney? ☐ Yes ☐ No

Who? _____

Arrangements are made through _____

The original is located _____

A copy is located _____

ORGAN DONATION

Do you want to donate your organs or body for transplant, medical research or education? ☐ Yes ☐ No

If yes, have you explained this in your: ☐ Will ☐ Organ donor card ☐ Driver's license

FUNERAL ARRANGEMENTS

Have you made funeral arrangements? ☐ Yes ☐ No

Funeral home and address _____

Telephone _____

Have you set out instructions for burial, cremation or funeral? ☐ Yes ☐ No

Are these instructions in your will? ☐ Yes ☐ No

In a letter? ☐ Yes ☐ No

Instructions are located _____

Do you own a cemetery plot? ☐ Yes ☐ No

Have you provided for its ongoing care? ☐ Yes ☐ No

The plot is located _____

The deed to it is kept _____



PERSONAL INFORMATION

Date of birth_____

Place of birth_____

Birth certificate is located_____

Social insurance or social security number

Citizenship papers? ☐ Yes ☐ No

They are located_____

Marriage certificate? ☐ Yes ☐ No

Located_____

Military service? ☐ Yes ☐ No

Discharge papers are located_____

Country served_____

Veteran's number_____

PREVIOUS EMPLOYERS

Put the current or most recent employer first.

Employer_____

Years_____

Address_____

Email_____

Employer_____

Years_____

Address_____

Email_____



Employer_____

Years_____

Address_____

Email_____

BANK ACCOUNTS

List all your accounts, so your executor or family can find the money in them.

Bank, credit union_____

Branch_____

Account number_____

Type_____

Bank, credit union_____

Branch_____

Account number_____

Type_____

Bank, credit union_____

Branch_____

Account number_____

Type_____

Bank, credit union_____

Branch_____

Account number_____

Type_____



FINANCIAL COMMITMENTS

Rent or mortgage payments

Amount \$ _____

Due date _____

Lender _____

Address _____

Outstanding loans

Amount \$ _____ Due date _____

Lender _____

Address _____

Amount \$ _____ Due date _____

Lender _____

Address _____

Bills paid through automatic payment plans

Amount \$ _____

Account number _____ Due date _____

Company _____

Address _____

Amount \$ _____

Account number _____ Due date _____

Company _____

Address _____



Amount \$ _____

Account number _____ Due date _____

Company _____

Address _____

Amount \$ _____

Account number _____ Due date _____

Company _____

Address _____

OTHER FINANCIAL OBLIGATIONS OR COMMITMENTS

For _____

Located _____

For _____

Located _____

LIFE INSURANCE

Policies you own on your own life

Company _____ Policy number _____

Policy is located _____

Company _____ Policy number _____

Policy is located _____

Company _____ Policy number _____

Policy is located _____



Policies you own on others

Company _____ Policy number _____

Policy is located _____ Name of insured _____

Company _____ Policy number _____

Policy is located _____ Name of insured _____

Policies others own on your life

Company _____ Policy number _____

Policy is located _____

Group or association life insurance

Company _____ Policy number _____

Policy is located _____

Company _____ Policy number _____

Policy is located _____

CRITICAL ILLNESS INSURANCE

Company _____ Policy number _____

Policy is located _____

Company _____ Policy number _____

Policy is located _____





DISABILITY INSURANCE

Company_____Policy number_____

Policy is located_____

Company_____Policy number_____

Policy is located_____

HOSPITAL AND MEDICAL INSURANCE

Company_____Policy number_____

Policy is located_____

Company_____Policy number_____

Policy is located_____

INVESTMENTS

Pension plans, registered plans

Are you a member of a registered pension plan? ☐ Yes ☐ No

Carrier name and address_____

Carrier name and address_____

Information about these plans is located_____

Do you have a registered retirement savings plan (RRSP)? ☐ Yes ☐ No

Carrier name and address_____

Carrier name and address_____

Information about these plans is located_____



Are you a member of a deferred profit sharing plan? ☐ Yes ☐ No

Carrier name and address_____

Carrier name and address_____

Information about these plans is located_____

Segregated funds, mutual funds, registered education savings plans (RESPs)

Do you have investment funds or RESPs? ☐ Yes ☐ No

Fund A

Policy number_____

Carrier name and address_____

Do you invest regularly using automatic withdrawals? ☐ Yes ☐ No How often?_____

Where is it taken from?_____

Do you receive income? ☐ Yes ☐ No How often?_____

Where is it deposited?_____

Information about these investments is located_____

Fund B

Policy number_____

Carrier name and address_____

Do you invest regularly using automatic withdrawals? ☐ Yes ☐ No How often?_____

Where is it taken from?_____

Do you receive income? ☐ Yes ☐ No How often?_____

Where is it deposited?_____

Information about these investments is located_____



Fund C

Policy number _____

Carrier name and address _____

Do you invest regularly using automatic withdrawals? ☐ Yes ☐ No How often? _____

Where is it taken from? _____

Do you receive income? ☐ Yes ☐ No How often? _____

Where is it deposited? _____

Information about these investments is located _____

Tax free savings account (TFSA)

Do you have a TFSA? ☐ Yes ☐ No Do you have more than one TFSA? ☐ Yes ☐ No

What is the value/amount? _____

Where is it deposited / invested? _____

Carrier name and address _____

Plan number _____

Information about these plans are located _____

Do you invest regularly? ☐ Yes ☐ No

Registered retirement income funds (RRIFs), annuity contracts

Do you have any RRIFs or annuities? ☐ Yes ☐ No

Fund A

Policy number _____

Carrier name and address _____

Do you receive income? ☐ Yes ☐ No How often? _____



Where is it deposited? _____

Information about these annuities is located _____

Fund B

Policy number _____

Carrier name and address _____

Do you receive income? ☐ Yes ☐ No How often? _____

Where is it deposited? _____

Information about these annuities is located _____

Bonds and government investments

Do you have any government bonds? ☐ Yes ☐ No Registered in your name? ☐ Yes ☐ No

Type of bond _____

Bearer _____

Co-registered with _____

Serial numbers _____

The bonds are located _____

Securities

Do you own any stocks or bonds? ☐ Yes ☐ No

Information about them is located _____

Did you acquire any of them by gift or inheritance? ☐ Yes ☐ No Are any of your securities pledged for loans? ☐ Yes ☐ No

Financial institution _____



RESIDENCE AND REAL ESTATE

Type of real estate (house, condo, vacation home, etc.)	Title is held by (select one)	Is there a mortgage?	Mortgage is held by
	<input type="radio"/> You <input type="radio"/> Spouse <input type="radio"/> Joint	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> You <input type="radio"/> Spouse <input type="radio"/> Joint	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> You <input type="radio"/> Spouse <input type="radio"/> Joint	<input type="radio"/> Yes <input type="radio"/> No	

Where are the following located?

Deeds_____

Copy of mortgages_____

Property insurance policies_____

Land surveys_____

Property tax receipts_____

Leases_____

Maintenance details_____

Personal property

List all vehicles you own_____

Vehicle registrations are located_____

Bill of sale and insurance papers are located_____

Jewelry, stamp collections, coin collections, etc., are located_____

Are household furnishings insured? ☐ Yes ☐ No

Bill of sale, inventory, and insurance policies for household furnishings are located_____



DEBTORS, CREDITORS

People who owe you money

Name _____

Address _____

Email _____

Amount _____ Date _____

Name _____

Address _____

Email _____

Amount _____ Date _____

People to whom you owe money, other than previously listed

Name _____

Address _____

Email _____

Amount _____ Date _____

Name _____

Address _____

Email _____

Amount _____ Date _____

Loan agreements or promissory notes are located _____



Safe deposit box

Do you have a safe deposit box? ☐ Yes ☐ No

Location _____

Names of others who have access to it _____

Location of the keys _____

List of contents is kept _____

Charitable gifts

For _____

Address _____

For _____

Address _____

Contractual obligations

For _____

Located _____

For _____

Located _____

For _____

Located _____

For _____

Located _____



Trust funds

Have you created any trusts? ☐ Yes ☐ No

Purpose_____

Trust agreement was drawn up by_____

Trust papers are located_____

Income tax

Tax advisor's name_____

Telephone_____

Address_____

Email_____

Your tax and supporting information is located_____

Memberships

List all memberships in clubs and associations and publication subscriptions

Name_____

Address_____

Name_____

Address _____

Name_____

Address _____

Name_____

Address_____



This personal records organizer is provided as a convenience and the accuracy and completeness of information in it is not guaranteed by The Great-West Life Assurance Company.



THE
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ASSURANCE  COMPANY