

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.

Name

Date



**UNIVERSITY
OF ALBERTA**

Confidential Estate Planning Organizer

Name	
Address	
City	
Prov/State	Postal Code/Zip Code
Home phone	Cell phone
Email address	
Occupation	
Employer	
Are you Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL AND FAMILY INFORMATION

Your date of birth	Place of birth
Social Insurance Number	Other names used (maiden name, etc)
Marital status	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	
Spouse's name	Spouse's date of birth
Place 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your spouse previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a Canadian citizen, other citizenship	
Is your spouse a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a Canadian citizen, other citizenship	
Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Passport number	Citizenship

FAMILY HISTORY

Father's name

Birthdate Birthplace

Mother's name

Birthdate Birthplace

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/partner

Dependent(s)

Home phone Cell phone

2 Child's name Date of birth

Child's spouse/partner

Dependent(s)

Home phone Cell phone

3 Child's name Date of birth

Child's spouse/partner

Dependent(s)

Home phone Cell phone

4 Child's name Date of birth

Child's spouse/partner

Dependent(s)

Home phone Cell phone

NEXT-OF-KIN/OTHER CONTACTS

Name Relationship to you

Home phone Cell phone

Name Relationship to you

Home phone Cell phone

LOCATION OF DOCUMENTS

Location of Documents	
Birth Certificate	
Marriage Certificate	
Divorce Agreement	
Custody/Adoption Records	
Passport	
Insurance Policies	
Mortgage	
Tax Returns	

FINANCIAL INFORMATION: ASSETS

BANKING

Account 1	
Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	

Account 2	
Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	

Account 3

Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	

Account 4

Institution	
Address	
City/Province/Postal	
Phone	
Account # and Type	

Safety Deposit Box

Institution	
Address	
City/Province/Postal	
Phone	
Location of Key	
Contents	

REAL ESTATE

Principal Residence	
Owner	
Address	
City/Province/Postal	
Mortgage Information	
Account Holder(s)	
Account #	
Institution	
Secondary Residence	
Owner	
Address	
City/Province/Postal	
Mortgage Information	
Account Holder(s)	
Account #	
Institution	
Other Residence	
Owner	
Address	
City/Province/Postal	
Mortgage Information	
Account Holder(s)	
Account #	
Institution	

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS

Financial Institution	Location	Principal Value	Maturity Date	How Owned (Individually, Joint)

PRIVATELY HELD STOCKS AND BUSINESS INTERESTS

Investment	Form of Organization	Value	Owner (You, Spouse, Trust, etc.)	Percent of Ownership

REGISTERED FUNDS (RRSP, RRIF, RESP, TFSA, ETC.)

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

LIFE INSURANCE

Policy Information	
Institution/Company	
Owner	
Insured	
Cash Value	
Loans Against	
Policy #	
Beneficiaries	

Policy Information	
Institution/Company	
Owner	
Insured	
Cash Value	
Loans Against	
Policy #	
Beneficiaries	

Policy Information	
Institution/Company	
Owner	
Insured	
Cash Value	
Loans Against	
Policy #	
Beneficiaries	

REGISTERED PENSION PLAN

Do you belong to a company pension plan? ☐ Yes ☐ No

Name of plan

Beneficiaries

Does your spouse belong to a company pension plan? ☐ Yes ☐ No

Name of plan

Beneficiaries

ASSET INVENTORY (TANGIBLE PERSONAL PROPERTY)
(VEHICLES, JEWELRY, FURNITURE, ARTWORK, ETC.)

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

Description			
Location			
Value		Insurance	

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 asset(s).

Description and value

FINANCIAL INFORMATION: LIABILITES

Credit Card			
Institution			
Phone #			
Name on Card			
Card #			
Expiry Date		Security Code	
Username		Password	
Credit Card			
Institution			
Phone #			
Name on Card			
Card #			
Expiry Date		Security Code	
Username		Password	

Credit Card

Institution			
Phone #			
Name on Card			
Card #			
Expiry Date		Security Code	
Username		Password	

Line of Credit

Institution			
Phone #			
Account #			
Approximate Amount			
Username		Password	

Line of Credit

Institution			
Phone #			
Account #			
Approximate Amount			
Username		Password	

Personal/Private Loans

Type of Loan			
Amount of Loan			
Lender/Institution			
Telephone/Email			

Personal/Private Loans

Type of Loan

Amount of Loan

Lender/Institution

Telephone/Email

Other Payments

Type

Amount

Payee

Telephone/Email

Other Payments

Type

Amount

Payee

Telephone/Email

Notes

PROFESSIONAL ADVISORS

LAWYER

Firm name	
Address	Contact
Phone	Email

ACCOUNTANT

Firm name	
Address	Contact
Phone	Email

INVESTMENT ADVISOR

Firm name	
Address	Contact
Phone	Email

LIFE INSURANCE AGENT

Firm name	
Address	Contact
Phone	Email

OTHER AGENT

Firm name	
Address	Contact
Phone	Email

DIGITAL INFORMATION

COMPUTER	
Login Information	
Password	
CELL PHONE	
Login Information	
Password	
TABLET	
Login Information	
Password	
INTERNET	
Login Information	
Password	
FACEBOOK	
Login Information	
Password	
LINKEDIN	
Login Information	
Password	
INSTAGRAM	
Login Information	
Password	
OTHER	
Login Information	
Password	

ESTATE PLANNING OBJECTIVES

Do you have a will? ☐ Yes ☐ No

Prepared by _____

Address _____ Contact _____

Phone _____ Email _____

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 to be 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, 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 _____

ESTATE PLANNING OBJECTIVES (CONTINUED)

What are your preferred funeral and burial/cremation instructions?

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?

Do you currently have an enduring power of attorney?

Primary attorney

Alternate attorney

SUPPORTING THE UNIVERSITY OF ALBERTA WITH A CHARITABLE BEQUEST

Unrestricted Bequest

To pay _____% of the residue of my estate [OR the sum of \$_____] to the University of Alberta, care of the Office of Development and having charitable registration number 10810 2831 RR0001, for its own use absolutely.

Endowed Bequest – New Endowment

To pay _____% of the residue of my estate [OR the sum of \$_____] to the University of Alberta, care of the Office of Development and having charitable registration number 10810 2831 RR0001, to be used to establish an endowed fund in my name [OR specify name], the income of which is to be used by the [College / Faculty / School or other campus unit], for the purpose of supporting [identify purpose, such as award, program, or project], provided that if circumstances make the specified use of this bequest impractical, the University of Alberta is authorized to use this bequest to support such other purposes as will, in its opinion, conform as closely as possible to the spirit and general intent of this bequest.

Endowed Bequest – Existing Endowment

To pay _____% of the residue of my estate [OR the sum of \$_____] to the University of Alberta, care of the Office of Development and having charitable registration number 10810 2831 RR0001, to be added to [endowment name], provided that if circumstances make the specified use of this bequest impractical, the University of Alberta is authorized to use this bequest to support such other purposes as will, in its opinion, conform as closely as possible to the spirit and general intent of this bequest.

Expendable Bequest

To pay _____% of the residue of my estate [OR the sum of \$_____] to the University of Alberta, care of the Office of Development and having charitable registration number 10810 2831 RR0001, to be used by the [College / Faculty / School or other campus unit], for the purpose of supporting its general purposes and greatest needs [OR identify purpose, such as research, program or project], provided that if circumstances make the specified use of this bequest impractical, the University of Alberta is authorized to use this bequest to support such other purposes as will, in its opinion, conform as closely as possible to the spirit and general intent of this bequest.

The University of Alberta Office of Major Gifts & 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 Major Gifts & Planned Giving encourages you to consult with your own advisor before creating an estate plan or deciding whether to create a future gift to the University of Alberta.

NOTES

Office of Major Gifts & Planned Giving

3-600 Enterprise Square, 10230 Jasper Ave NW
Edmonton, Alberta, Canada T5J 4P6

Phone: 780-492-7400 Toll-free: 1-888-799-9899

MyLegacy@ualberta.ca

uabgive.ca/Legacy



**UNIVERSITY
OF ALBERTA**