



Tax, Retirement & Estate Planning Services

 Questionnaire

## Estate Planning Questionnaire

When developing an estate plan you will need to examine your personal circumstances and think about a number of different issues. To assist you in thinking through these issues and create your plan we have developed this estate planning questionnaire for you. It also contains “Tips” to help you determine whether you will need to address certain issues in your estate plan. This questionnaire will help you get started so that you can put your estate plan in place. It will also assist your insurance and professional advisors with implementing your estate plan with you.

**Note:** This questionnaire is not intended nor should it be construed as evidence of the testamentary intentions of the individual completing it.

## Section One: Personal Background Information

The information in this section is designed for you to have all of your personal information set out in one place. This information will assist both you and your insurance advisor in getting a snap shot of your personal situation at this time. **Remember your situation over time will change and you will need to review your estate plan from time to time to ensure that what you have set in place meets your needs at the time.**

Date: \_\_\_\_\_

First and last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male  Female

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home phone #: \_\_\_\_\_ Business phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies or special interests: \_\_\_\_\_

Do you smoke? Yes  No

Have you ever applied for insurance before? Yes  No

Have you ever been declined for insurance? Yes  No

If yes, explain why: \_\_\_\_\_  
\_\_\_\_\_

Spouse information:

First and last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male  Female

Home phone #: \_\_\_\_\_ Business phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies or special interests: \_\_\_\_\_

Do you smoke? Yes  No

### Tip

If you or your spouse is a US citizen, you may have additional considerations with respect to your estate plan from a US estate tax planning perspective. You will need to speak with a lawyer or accountant who is familiar with these types of planning issues to ensure these issues are addressed.

Have you ever applied for insurance before? Yes  No

Have you ever been declined for insurance? Yes  No

If yes, explain why:

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Marital status: Married  Common Law  Civil Union (Quebec)

Date of marriage: \_\_\_\_\_ Place: \_\_\_\_\_

Date started cohabitating: \_\_\_\_\_ Is there a marriage contract or cohabitation agreement? Yes  No

For Quebec only: What is the marital regime? \_\_\_\_\_

**Children/Grandchildren information:**

Children:					
Name	Married/ Single	Gender	Date of Birth/Age	Country of Birth	Trustee for Minors
	M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
	M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
	M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
	M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			

Grandchildren:						
Parents Name	Grandchild Name	Married/ Single	Gender	Date of Birth/Age	Country of Birth	Trustee for Minors
		M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
		M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
		M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
		M <input type="checkbox"/> S <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			

**Tip**

Since minor children cannot own property (other than at the age of 16 a life insurance policy can be owned) and minor children cannot be in receipt of insurance proceeds, you will need to consider how to deal with the assets of your estate to benefit your minor children, grandchildren or disabled children. As well, children may include adopted children by formal means such as by court order or by other means. Using the word “children” or “issue” may include children born from genetic material, surrogacy or assisted reproduction. You will need to consider who is included in your class of children which may also extend to the class of grandchildren.

Marriage/common law breakdown:

Were either of you married previously? Yes  No

Date of separation or divorce: \_\_\_\_\_

If so, are there any support obligations? Yes  No

Use chart below to describe support obligations:

Name of person you support	Residency and citizenship	Birth date (if child)	Additional information (names of children)	Indicate from which marriage	Indicate document to which support obligation exists, court order or separation agreement

Tip

It is important for you to understand and review with your advisor information relating to court orders and separation agreements to ensure that all support obligations have been considered. Support obligations may impact your estate plan and should be considered carefully when drafting a will, or making life insurance beneficiary designations.

## Section Two: Document Checklist

(These documents would apply to you and your spouse if applicable)

Accountant's name and phone #: \_\_\_\_\_

Lawyer's name and phone #: \_\_\_\_\_

This section helps to ensure that any documentation that may be relevant to your estate plan is included. Many of the documents we ask for may not be applicable to you. If this is the case, please disregard our request. However, if you feel that important materials pertaining to your financial situation have not been listed, please include them with the rest of your submissions.

If applicable, please submit the following documentation for you and your spouse:

- Your most recent income tax returns including the Notice of Assessment form from Canada Revenue Agency
- Information on employer provided benefits, including the recent status of any group life insurance, group disability insurance, group RRSP and company pension plan
- All life insurance policies including the most recent status notices showing any policy loans, premium amounts or **dividends on deposit**
- Disability, critical illness and/or long-term care insurance policies you may have that provide income replacement in the **event of an accident or sickness or care when you are elderly**
- Documents showing current values of any personal retirement programs that you may have, for example, latest RRSP or **mutual fund statement**
- Statements of investments e.g. stocks
- Recent mortgage and other loan statements including lines of credit and life insurance for these debts**
- Credit card statements and information regarding any credit card life insurance**
- Most recent Will**
- Most recent powers of attorney for property and for personal care/health directives
- Marital agreement, separation agreement, divorce order(s), cohabitation agreement
- Trust document for any trust of which you, your spouse and/or your children are beneficiaries
- Bankruptcy orders or any court orders or proposals for bankruptcy or any information regarding creditor claims**

Any other documents that you feel may be relevant to the completion of your plan.

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## Tips

### Life event changes

When your situation changes (marriage, divorce, death of a family member), you should review your overall estate plan and ensure that your Will and beneficiary designations reflect your current situation. Ideally, you should review your estate plan and supporting documents every three to five years or when a significant life event occurs.

### Wills/Power of Attorney

- A Will is a written formal document that determines how your estate shall be divided up on your death. It reflects **your wishes with respect to the distribution of your estate** and how your debts will be paid at death.
- There are two types of power of attorney documents: a power of attorney document for property and one **dealing with personal care sometimes referred to as a medical directive or a living Will**. The appointment of an

attorney for property provides authority to the attorney to manage and govern property and financial affairs when an individual becomes incapacitated. The appointment of an attorney for personal care allows the attorney to **make decisions about medical treatment and care on behalf of the incapacitated individual**. In Quebec, there are also two types of documents. The power of attorney document is used for property and grants the “Mandatory” the ability to manage the Mandator’s assets. The other type of document is referred to as a “Mandate in Case of Incapacity” and comes into existence when the “Mandator” becomes incapacitated. It deals with both personal care and property matters relating to the “Mandator”.

- If you do not currently have a Will and Powers of Attorney for Personal Care and Property, now is the time to consider having these important documents put in place. They are vital to ensuring that your overall estate plan occurs in the manner that you desire.

## Section Three: Some Questions to Consider

The questions contained in this section are designed to help you determine who you want to benefit from your estate plan and how you would like your estate distributed.

Who would you like to benefit from your estate plan? \_\_\_\_\_  
\_\_\_\_\_

How do you wish to benefit your spouse, children and grandchildren if that is who you would like to benefit from a distribution of your estate? (indicate if they are minors) \_\_\_\_\_  
\_\_\_\_\_

If your estate beneficiaries are not a spouse, children or grandchildren, how would you like them to benefit? \_\_\_\_\_  
\_\_\_\_\_

How would you like your debts to be handled including any funeral expenses and taxes owing? \_\_\_\_\_  
\_\_\_\_\_

Do you intend to make any special bequests, for example, to a charity? \_\_\_\_\_  
\_\_\_\_\_

With respect to any of the life insurance policies that you currently have in place have you made any beneficiary designations where your estate is named as the beneficiary? \_\_\_\_\_  
\_\_\_\_\_

With respect to any of the life insurance policies that you have in place have you named specific beneficiaries other than your estate? \_\_\_\_\_  
\_\_\_\_\_

If you have minor children or disabled children, how do you plan to ensure that they are taken care of financially should you or you and your spouse die before them? \_\_\_\_\_

Additional comments: \_\_\_\_\_

## Section Four: Net Worth

Assets	You	Spouse	Joint	Original Cost
Cash				
Non-registered investments				
RRSP/RRIF				
Pension plans				
Loans receivable				
Family home				
Vacation property 1 e.g. cottage or recreational farm property				
Vacation property 2 e.g. cottage or recreational farm property				
Rental property				
TFSA				
RESP				
RDSP				
Life insurance cash values				
Deferred profit sharing plan				
Mortgages receivable				
Stocks				
Other assets e.g. digital assets, cryptocurrency				

Assets	You	Spouse	Joint	Original Cost
Mortgages				
Investment loans				
Personal loans				
Other liabilities				
Personal guarantees				

### Tip

When completing the above section try to think of your assets and liabilities as a snapshot picture for today. While your estate plan must consider your future, you need to have a very good understanding of your financial situation today to properly plan. From there you can build onto your plan as your particular situation changes.



## Section Five: Insurance Planning

Please provide details of any life, disability, critical illness and/or long-term care insurance currently in place on you or your spouse. You will be in a better position to determine whether your current insurance policy(ies) meet your needs for the purposes of your estate plan. This will also require you to review your current beneficiary designations and determine whether they are appropriate for your overall estate plan.

### Policy #1

What kind of insurance do you have? \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy owner(s): \_\_\_\_\_

Premium payer if different than owner: \_\_\_\_\_

Name of all lives insured: \_\_\_\_\_

Death benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Payment frequency: Annual  Monthly  Other \_\_\_\_\_

Premium payments: \$ \_\_\_\_\_ Cash surrender value: \$ \_\_\_\_\_

Is this policy subject to a court order or separation agreement? No  Yes

### Policy #2

What kind of insurance do you have? \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy owner(s): \_\_\_\_\_

Premium payer if different than owner: \_\_\_\_\_

Name of all lives insured: \_\_\_\_\_

Death benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Payment frequency: Annual  Monthly  Other \_\_\_\_\_

Premium payments: \$ \_\_\_\_\_ Cash surrender value: \$ \_\_\_\_\_

Is this policy subject to a court order or separation agreement? No  Yes

### Policy #3

What kind of insurance do you have? \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy owner(s): \_\_\_\_\_

Premium payer if different than owner: \_\_\_\_\_

Name of all lives insured: \_\_\_\_\_

Death benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Payment frequency: Annual  Monthly  Other \_\_\_\_\_

Premium payments: \$ \_\_\_\_\_ Cash surrender value: \$ \_\_\_\_\_

Is this policy subject to a court order or separation agreement? No  Yes

Policy #4

What kind of insurance do you have? \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy owner(s): \_\_\_\_\_

Premium payer if different than owner: \_\_\_\_\_

Name of all lives insured: \_\_\_\_\_

Death benefit: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Payment frequency: Annual  Monthly  Other \_\_\_\_\_

Premium payments: \$ \_\_\_\_\_ Cash surrender value: \$ \_\_\_\_\_

Is this policy subject to a court order or separation agreement? No  Yes

### Section Six: Additional Comments

Are there any items that have been missed that you feel are relevant to your estate plan? If so, include those comments here.

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1 Agreement

By signing below, you agree that:

1. We can obtain personal information about you as described below (examples of information to be collected, income tax returns, will, marriage, cohabitation, separation or divorce agreements, etc.).
2. **We can use your personal information to:**
  - help you and your advisor(s) assess your insurance needs;
  - determine which of our products may meet those needs;
  - determine whether the insurance we may provide would require and/or be eligible for reinsurance; and
  - underwrite any product you decide to apply for.
3. If we need to determine whether any insurance we provide would require or be eligible for reinsurance, then you agree that we can provide your personal information to potential reinsurers for that purpose.
4. Unless you select one or both of the options below, you agree that we can obtain personal information about you from third parties such as your doctor, or medical facility, your lawyer, accountant or other insurance companies. You authorize third parties to give us any of your personal information that may be relevant to the purposes described above. You agree that we can share your personal information with these third parties to enable them to (1) identify you accurately and (2) assist us in using your personal information for the purposes described above.

You do not give consent for us to obtain your personal information from third parties.

- If you have selected this box, we can only obtain your personal information directly from you, or from your advisor, any insurance agency that employs your advisor or has named him or her as its agent, or from any of their employees.

You do not give consent for us to give your personal information to third parties.

- If you have selected this box, we can only share your personal information with applicable reinsurers, your advisor, any insurance agency that employs your advisor or has named him or her as its agent, and any of their employees, as required to perform their jobs.

You can withdraw your consent to the collection, use or disclosure of your personal information as described in this form. If you withdraw your consent, we may not be able to assist you in assessing your **insurance needs or for the other purposes** described above.

To withdraw your consent, or to request access or corrections to your personal information, contact your insurance advisor. To obtain more information about our privacy policies, see [www.manulife.ca](http://www.manulife.ca) > Privacy Policy.

2 Signatures

Client name (please print)	Client Signature
Date (dd/mm/yyyy)	Signature of Witness