



Ambassador

REAL ESTATE AND LEGAL SERVICES

ESTATE PLANNING QUESTIONNAIRE

DATE: _____

PART 1 – CLIENT INFORMATION

I. YOUR PERSONAL INFORMATION

NAME – FULL LEGAL NAME:

(include any other name variations you use with your banks, on your home registration, your vehicle, or anything else):

ADDRESS:

(Principal Residence as well as any alternate address if you split your residence among one or more than one place):

TELEPHONE: (HOME) _____ (OFFICE) _____
(MOBILE) _____ (FAX) _____

EMAIL/S: _____

DO YOU CONSENT TO RECEIVING COMMUNICATION BY E-MAIL: Yes No

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

OCCUPATION: _____ ARE YOU ADOPTED? Yes No

CITIZENSHIP:

MARITAL STATUS: SINGLE ENGAGED MARRIED COHABITING
 SEPARATED DIVORCED WIDOWED

II. YOUR SPOUSE / COMMON LAW PARTNER *(PLEASE COMPLETE IF APPLICABLE)*

NAME – FULL LEGAL NAME:

(include any other name variations you use with your banks, on your home registration, your vehicle, or anything else):

TELEPHONE: (HOME) _____ (OFFICE) _____
(MOBILE) _____ (FAX) _____

EMAIL/S: _____

DO YOU CONSENT TO RECEIVING COMMUNICATION BY E-MAIL: Yes No

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

OCCUPATION: _____ ARE YOU ADOPTED? _____

CITIZENSHIPS: _____

III. MARRIAGE DETAILS: (PLEASE COMPLETE IF APPLICABLE)

ARE YOU: LEGALLY MARRIED LIVING IN A COMMON LAW RELATIONSHIP

Date of Marriage: _____ Place: _____

Country and Province/State of residence at time of marriage if different from place of marriage: _____

	YOU		SPOUSE	
Did you sign a marriage agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you signed a separation agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any on-going family law proceedings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been married previously?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have maintenance obligation with respect to this former marriage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide us with a copy of any marriage, separation or property settlement agreements.

IV. COMMON LAW RELATIONSHIPS

(BOTH COMMON LAW AND SAME SEX MARRIAGE-LIKE RELATIONSHIP)

How long have you been cohabiting with your spouse/partner? _____

Do you have a cohabitation agreement? YES NO *If yes, please provide us with a copy.*

V. CHILDREN (PLEASE COMPLETE IF APPLICABLE)

[PLEASE LIST YOUR CHILDREN (AND YOUR SPOUSES' CHILDREN) INCLUDE ANY LEGALLY ADOPTED CHILDREN]

CHILD'S FULL LEGAL NAME: _____
 DATE OF BIRTH: _____ CITIZENSHIP/DOMICILE: _____
 ADDRESS: _____
 PARENTS/ CUSTODY: _____
 NATURAL LEGALLY ADOPTED STEP CHILD

CHILD'S FULL LEGAL NAME: _____
 DATE OF BIRTH: _____ CITIZENSHIP/DOMICILE: _____
 ADDRESS: _____
 PARENTS/ CUSTODY: _____
 NATURAL LEGALLY ADOPTED STEP CHILD

CHILD'S FULL LEGAL NAME: _____
 DATE OF BIRTH: _____ CITIZENSHIP/DOMICILE: _____
 ADDRESS: _____
 PARENTS/ CUSTODY: _____
 NATURAL LEGALLY ADOPTED STEP CHILD

CHILD'S FULL LEGAL NAME: _____
 DATE OF BIRTH: _____ CITIZENSHIP/DOMICILE: _____
 ADDRESS: _____
 PARENTS/ CUSTODY: _____
 NATURAL LEGALLY ADOPTED STEP CHILD

Please indicate if any of your children have a disability, marital difficulties or are deceased.
Please indicate if your children have plans to marry or cohabit.

Assisted Reproduction:

Have you or your spouse/partner stored any reproductive material?
(or do you have plans to do so)? *[If yes, See Section 8.1 of WESA]* YES NO

VI. OTHER DEPENDENTS

Is someone not listed above dependent upon you for financial assistance? YES NO

If yes, please provide name, relationship and details:

VII. YOUR NEXT-OF-KIN (No Spouse or Child)

If you do not have a spouse/partner or child, please provide the Full Legal Name, Address, Relationship and Age about each of your closest relatives (eg. Parents, Siblings, Nieces or Nephews, etc.)

VIII. OTHER LEGAL OBLIGATIONS

	YOU	SPOUSE
Are you currently serving as a guardian of a minor child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently acting as Committee of an incapacitated adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently acting as an Executor or Administrator of an Estate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
To your knowledge are you named as an Executor under any living person's Will?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you acting as an Attorney pursuant to an Enduring Power of Attorney?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered 'yes' to any of the above, please provide details:

PART 2 – FINANCIAL INFORMATION**IX. ASSETS**

Please indicate which of the following assets you own and include their location, the name or names in which they are held (i.e. your name, your spouse, or both names as joint tenants or tenants in common). (If you have additional assets, please attach a separate listing.)

A. REAL ESTATE:

Property Type: RESIDENCE RECREATIONAL INVESTMENT OTHER
 Registered Owner(s): YOU BOTH AS TENANTS IN COMMON
 YOUR SPOUSE/PARTNER BOTH AS JOINT TENANTS
 WITH OTHER PERSON (PROVIDE DETAILS): _____

Street Address: _____

Legal Description: _____

Value (Estimate): _____ Mortgage Balance (EST.) _____

Is mortgage life insured? YES NO Mortgage Holder: _____

Acquisition Date: _____ Acquisition Cost: _____

Property Type: RESIDENCE RECREATIONAL INVESTMENT OTHER
 Registered Owner(s): YOU BOTH AS TENANTS IN COMMON
 YOUR SPOUSE/PARTNER BOTH AS JOINT TENANTS
 WITH OTHER PERSON (PROVIDE DETAILS): _____

Street Address: _____

Legal Description: _____

Value (Estimate): _____ Mortgage Balance (EST.) _____

Is mortgage life insured? YES NO Mortgage Holder: _____

Acquisition Date: _____ Acquisition Cost: _____

Other interests in real estate:

Have you granted any option to anyone to buy your real estate? YES NO

Have you received any options to buy any other real estate? YES NO

Have you received a life interest or long-term lease on any property? YES NO

Have you sold any property by way of an ongoing agreement for sale? YES NO

B. BUSINESS INTERESTS

BC Incorporated Company **Interest in a Partnership** **Other** _____

Name of Business: _____

Name of Owner(s): _____

You YOUR SPOUSE/PARTNER BOTH

Net value of Business (EST.): _____

Original cost or ACB (EST.): _____

Shareholder/Partnership Agreement?

YES NO If yes, please provide a copy.

Is the interest life insured?

YES NO

C. CASH AND SECURITIES:**Bank Accounts and Term Deposits.**

(PLEASE LIST – WHERE ACCOUNTS ARE IN MORE THAN ONE NAME, PLEASE INDICATE NATURE OF INTEREST, I.E. JOINT TENANTS OR PURELY SIGNING FOR CONVENIENCE)

Name of Bank	Account Number	Approximate Current Balance	Name(s) on Account

Securities/Bonds/Shares (Public Companies).

(PLEASE LIST – WHERE HELD IN BROKERAGE ACCOUNT PLEASE INDICATE BY *)

Issuer	Current Value	Account No. (if applicable)	Name(s) on Account or Share Certificate	Original Cost	Restrictions

Pension Plans & Annuities (PLEASE COMPLETE IF APPLICABLE)

A. Do you have an interest in any Pension Plans? YES NO

Name of the Pension Provider? _____

Name of the Beneficiary(ies) on your death? _____

B. Are you the owner of any Annuities? YES NO

Name of the Annuity provided by? _____

Name of the Beneficiary(ies)? _____

RRSP, RRIF and LIF (PLEASE LIST):

Description	Estimated Value	Owner	Beneficiary

TFSA (PLEASE LIST):

Description	Estimated Value	Owner	Beneficiary

RESP (PLEASE LIST):

Description	Estimated Value	Subscriber(s)	Beneficiary

Life Insurance (PLEASE LIST)**On your life:**

Description	Death Benefit	Owner	Beneficiary(ies)

Of which you are the beneficiary:

Description	Death Benefit	Owner	Beneficiary(ies)

Personal Items and Effects (PLEASE LIST ANY PERSONAL ITEMS OF SPECIFIC MONETARY OR SENTIMENTAL VALUE)

Description	Value	Owner	Details

Advances Made by you to Beneficiary(ies) (PLEASE LIST).

Before a beneficiary takes their share, any funds advanced to him/her is to bring into account and Hotchpot*, with or without out interest [describe the gift and, if appropriate, the date at which it is to be valued].

Beneficiary	Value of Advance	Date Advanced	
			<input type="checkbox"/> Forgive Advance <input type="checkbox"/> Hotchpot
			<input type="checkbox"/> Forgive Advance <input type="checkbox"/> Hotchpot

*Note: You may wish to consider providing an "Equalization Gift" to other Beneficiary(ies) instead of Hotchpot

Debts and Loans Owed to You (PLEASE LIST).

Description	Value	Borrower(s)	Current Balance	
				Forgive Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Forgive Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have an interest in any estates or trusts? YES NO

If yes (PLEASE LIST):

Description	Estimated Value

Foreign Assets (PLEASE LIST ALL ASSETS LOCATED OUTSIDE OF B.C.)

Description & Location	Value	Owner(s)

Other Assets (PLEASE LIST, INCLUDING ALL MOTOR VEHICLES, WATER CRAFT).

Description	Value	Owner(s)

X. LIABILITIES

Do you have any outstanding debts other than mortgage debts described in part VIII? YES NO

If Yes, please provide information:

Name of Lender	Amount Owed	Debtor(s)	Details

Have you guaranteed any loans or provided an indemnity for someone else? YES NO

If Yes, please provide information:

Name of Lender	Principal Debtor	Guarantor/Indemnitor	Amount

XI. OTHER ESTATE INFORMATION

Do you have an Accountant? If yes, provide his/her name, address, phone number and email?

--

Do you have a Financial Advisor? If yes, provide his/her name, address, phone number and email?

--

PART 3 – WILL INSTRUCTIONS

Do you currently have a Will? YES NO – *If yes, please provide a copy of your current Will.*

A. Executors and Trustees

Who do you wish to appoint as your executor(s) and trustee(s) of your Will to administer your estate? Typically, you may wish to name your spouse first, and an adult child or children as your alternate.

Note: You may wish to name a financial institution as your original or alternate corporate executor or trustee.

Name	Address	Occupation	Relationship	Primary, Joint, Alternate

IF APPLICABLE, DO YOU WISH FOR YOUR EXECUTORS AND TRUSTEES TO DECIDE BY MAJORITY?

B. Guardians

If you have minor children (under 19 years), who is to be their guardian(s) should you (and the other parent) die while they are minors? You may name a primary guardian and an alternate.

Name	Address	Occupation	Relationship	Primary, Joint, Alternate

C. Funeral Instructions

Do you have any specific instructions regarding your funeral that you wish included in your will?

Note: it is not necessary to include funeral instructions in your will.

D. Personal Effects

Specific items to give to someone? **Note:** Suggest making a separate list of Specific gift/items to give to someone rather than naming it in your Will. This list should be kept with your original Will.

Name	Address	Relationship	Description

Who do you want to receive the remainder of your personal effects (i.e. clothing, jewellery, household goods, furniture, vehicles etc. not specifically gifted)?

--

E. Legacies

Do you wish to leave a Cash Gift to anyone (an individual or a charity)?

Name	Address	Relationship	Amount

F. RRSP/RRIF (COMPLETE IF APPLICABLE)

Do you want to designate a beneficiary of any RRIF or RRSP other than your estate? YES NO

If yes, who? _____

Do you intend that the tax burden associated with your RRIF/RRSP will be borne by your estate even if the beneficiary is not your estate? YES NO

G. RESP (COMPLETE IF APPLICABLE)

Do you want to designate a successor subscriber? YES NO

If yes, who? _____

Alternatively, you may wish to appoint a joint or successor subscriber with the financial institution now. YES NO

H. Pension (COMPLETE IF APPLICABLE)

Do you wish to make or change the beneficiary of your pension? YES NO

If so, to whom? _____

I. Specific Gifts

Other than gifts of personal items or cash, do you wish to make any other specific gifts, such as a gift of a real property, shares, other?

Name	Address	Relationship	Description of Gift

J. Disposition of Residue

(ALL ASSETS REMAINING IN YOUR ESTATE AFTER DEBTS ARE PAID AND SPECIFIC GIFTS ARE MADE)

1. Provision for Spouse (PLEASE CHOOSE ONE):	
Everything to Spouse if he or she survives by 30 days	<input type="checkbox"/>
Everything held in trust for Spouse during his/her lifetime to receive net income with power of trustees to encroach upon capital	<input type="checkbox"/>
Provide Life Interest in property giving Spouse right to live in Property for a specific amount of time, until their death, incapacity or they no longer wish to live there	<input type="checkbox"/>
Other (PLEASE SPECIFY):	
Nothing: Why:	
2. Provision for Children subject to any gifts to spouse above (PLEASE CHOOSE ONE):	
Immediate equal division among Children with children of deceased Children taking deceased Child's share	<input type="checkbox"/>
Equal division among Children with deceased Child's children taking deceased Child's share with distribution to children at the following ages and in the following proportions: _____% at ____ years / ____% at ____ years / ____% at ____ years	<input type="checkbox"/>
Unequal division Why?	
None, why?	

3. If the provisions made in paragraphs J. 1 and/or 2 fail, or if they do not apply, who do you want to receive the residue of your estate (family, friends, charities)?

Name	Address	Relationship	Portion of Estate

If any of these beneficiaries are not living at the time the residue of your estate is distributed, should their children take in their place?

YES NO

K. Executor(s) and Trustee(s) Fees

Do you have any specific wishes concerning your executor(s) and trustee(s) fees? YES NO

Note: If your Will is silent on this issue an executor and trustee may claim a maximum fee of 5% of the gross value of your estate plus an annual care and management fee of a maximum of 0.4% of the average value of your estate in addition to reimbursement for reasonable expenses.

If your executor(s) and trustee(s) is also a beneficiary under your will, do you wish them to receive a fee in addition to the gift they receive? YES NO

L. Pet Care and Provisions

Do you have any specific wishes concerning your pets? YES NO

Additional Instructions:

XII. MUTUAL WILLS (PLEASE COMPLETE WHERE APPLICABLE)

If you and your spouse will sign Wills leaving everything to the other, is the survivor of you free to change his or her Will after the death of the first of you to die? YES NO

Please note that if your answer is “no” then you should discuss this issue with us further.

XIII. MISCELLANEOUS NOTES / COMMENTS:

XIV. INCAPACITY PLANNING

A. Enduring Power of Attorney (FOR FINANCIAL DECISIONS)

Do you have an Enduring Power of Attorney? YES NO – If yes, provide a copy of the document.

NAME OF 1ST PERSON: _____
ADDRESS: _____
RELATIONSHIP: _____
OCCUPATION: _____
 PRIMARY JOINT WITH OTHER/S ALTERNATE

NAME OF 2ND PERSON: _____
ADDRESS: _____
RELATIONSHIP: _____
OCCUPATION: _____
 PRIMARY JOINT WITH OTHER/S ALTERNATE

NAME OF 3RD PERSON: _____
ADDRESS: _____
RELATIONSHIP: _____
OCCUPATION: _____
 PRIMARY JOINT WITH OTHER/S ALTERNATE

If you appoint two or more Attorneys: Each of them can act separately

OR

All of them must act together by majority OR unanimously

B. Representation Agreement (TYPICALLY FOR HEALTH AND PERSONAL CARE DECISIONS)

Have you entered into a Representation Agreement in which you name one or more persons as your representative(s) for personal or financial matters? YES NO

If yes, please provide us with a copy.

If you would like us to prepare a Representation Agreement with respect to your personal and health care decisions, please provide us with information concerning your health representative:

1. HEALTH AND PERSONAL CARE REPRESENTATIVESNAME OF 1ST PERSON: _____

ADDRESS: _____

RELATIONSHIP: _____

OCCUPATION: _____

BIRTHDATE: _____

PHONE NUMBER(S): _____

 PRIMARY JOINT WITH OTHER/S ALTERNATENAME OF 2ND PERSON: _____

ADDRESS: _____

RELATIONSHIP: _____

OCCUPATION: _____

BIRTHDATE: _____

PHONE NUMBER(S): _____

 PRIMARY JOINT WITH OTHER/S ALTERNATENAME OF 3RD PERSON: _____

ADDRESS: _____

RELATIONSHIP: _____

OCCUPATION: _____

BIRTHDATE: _____

PHONE NUMBER(S): _____

 PRIMARY JOINT WITH OTHER/S ALTERNATE

If you have named your spouse/partner as your personal representative, do you wish for them to continue to act as your representative should your relationship end?

Yes No

2. YOUR MONITOR

The *Representative Agreement Act* permits you to name a monitor. Appointing a person to act as monitor of your representative(s) may be complicated/unusual. You may wish to discuss this with your lawyer.

Yes No

