

Estate Planning Fact Finder

A confidential estate planning fact finder for:

Completed on:

Updated on:

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This fact finder is only a guide to help identify the financial needs and priorities of an individual and to support the preparation of an estate plan.

This material is general in nature and should not be construed as a complete summary or statement of all the data that's necessary to make a financial plan or decision nor does it constitute a financial recommendation. BMO Insurance does not collect or store this document. It is merely a guide for insurance advisors and their clients to use as part of their insurance planning discussions.

The information listed in this document contains personal and confidential data. This information should therefore be kept using the highest standards of safekeeping and confidentiality.

PERSONAL INFORMATION

	You	Your Spouse
Name		
Date of birth:		
Address:		<input type="checkbox"/> Same as yourself
City, Province:		
Postal code:		
Home phone:		<input type="checkbox"/> Same as yourself
Cell phone:		
Email address:		
Permanent resident of Canada:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resident of Canada for Canadian income tax purposes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthplace:		
Occupation:		
Self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION

Children

Name	Married	Single	Divorced	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Grandchildren

Name	Married	Single	Divorced	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Dependents and Other

Name	Married	Single	Divorced	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYER INFORMATION

Employer name		
Do you participate in the following employer plans?	<input type="checkbox"/> Registered Pension <input type="checkbox"/> Group RRSP <input type="checkbox"/> Employee Stock Purchase <input type="checkbox"/> Employee Stock Option	<input type="checkbox"/> Group Insurance <input type="checkbox"/> Deferred Profit Sharing <input type="checkbox"/> Other

PROFESSIONAL ADVISOR INFORMATION

		Comments
Do you have an accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a lawyer/legal advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a financial advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a personal banker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

WILL DOCUMENTS AND POWERS OF ATTORNEY

	You	Your Spouse
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was your will last signed?		
When was your will last reviewed?		
Do you have a power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRUSTS

	You	Your Spouse
Are you a beneficiary or named as a beneficiary under a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the amount you expect to receive?		

If yes, how will the amount you receive impact your financial plans?

SOURCES AND AMOUNTS OF INCOME

	You	Your Spouse
Alimony/child support		
Salary		
Commission		
Bonus		
Dividends from Canadian corporations		
Interest		
Net rental income		
Other income (specify)		

Do you have any assets outside of Canada? Yes No

Comments:

CURRENT ASSETS AND LIABILITIES

Assets	You		Your Spouse	
	Value	Cost	Value	Cost
Cash on hand				
Home				
Car				
Vacation property				
Bonds				
Stocks				
Non-registered mutual funds/investment funds				
Real estate				
RRSP/RRIF				
TFSA				
Shares in private or holding corporation				
DPSP				
RPP				
Other				
Total assets				

Outstanding Liabilities	You		Your Spouse	
	Value	Cost	Value	Cost
Mortgages				
Car loan				
Bank loan				
Line of credit				
Other (credit cards, etc.)				
Total liabilities				

Net worth				
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INSURANCE INFORMATION

	Policy 1	Policy 2
Type of insurance	<input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Disability <input type="checkbox"/> Long-term care <input type="checkbox"/> Other	<input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Disability <input type="checkbox"/> Long-term care <input type="checkbox"/> Other
Insurance company		
Policy owner		
Name of Insured 1		
Name of Insured 2 (if joint)		
Beneficiary		
Issue date		
Premium amount		
Number of years premium required		
Amount of coverage		
Cash Value		

	Policy 3	Policy 4
Type of insurance	<input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Disability <input type="checkbox"/> Long-term care <input type="checkbox"/> Other	<input type="checkbox"/> Life <input type="checkbox"/> Critical Illness <input type="checkbox"/> Disability <input type="checkbox"/> Long-term care <input type="checkbox"/> Other
Insurance company		
Policy owner		
Name of Insured 1		
Name of Insured 2 (if joint)		
Beneficiary		
Issue date		
Premium amount		
Number of years premium required		
Amount of coverage		
Cash Value		

What type of group Insurance do you have?

	You		Your Spouse	
		Amount of coverage		Amount of coverage
Group life insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Critical illness insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

When did you last do a review of your insurance policies with a licensed insurance advisor?

Date: _____

How satisfied are you with your insurance coverage?

RETIREMENT PLANNING

	You		Your Spouse	
Do you participate in a pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type of plan is it?	<input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined contribution <input type="checkbox"/> Deferred profit sharing <input type="checkbox"/> Group RRSP		<input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined contribution <input type="checkbox"/> Deferred profit sharing <input type="checkbox"/> Group RRSP	
Who is the beneficiary at death?				
Do you have an RRSP or RRIF?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:
Do you have TFSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ Beneficiary:

RETIREMENT OBJECTIVES

At what age would you like to be financially independent or retired? _____

If you are already retired, at what age did you retire? _____

What is the minimum annual after-tax income that you need?

Now: \$ _____ When you retire: \$ _____

What are your financial and retirement goals?

Have you completed an investment risk profile questionnaire?

Yes No

Date the questionnaire was completed: _____

Copy attached

Which of the following are important to you?

- Having a plan that ensures that your financial wealth is distributed as you intend
- Having enough income now
- Having enough savings set aside for your retirement years
- Maximizing how much you leave for your heirs
- Minimizing the income tax you pay
- Minimizing the tax due on your estate
- Preserving or enhancing the value of your estate
- Other

DOCUMENTS

Document	You	Your Spouse
Will	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Power of attorney	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Continuing power of attorney	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Family trust	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
RRSP/RRIF statement	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
DPSP statement	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
TFSA statement	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Non-registered investment portfolio statement	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Insurance policy statements	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Segregated fund statements	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Annuity statement	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Credit card statements	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Loan statements	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Mortgage statement	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Insurance policies	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Income tax return	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Marriage contract	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Separation agreement	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Shareholder agreement:	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client
Other: _____	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client	<input type="checkbox"/> Provided by client <input type="checkbox"/> Returned to client

Let's connect

To find out more about BMO Insurance products, please call your MGA, contact the BMO Insurance regional sales office in your area, call 1-877-742-5244.

BMO Life Assurance Company, 60 Yonge Street, Toronto, ON M5E 1H5

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1-877-877-1272

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Note: The ideas presented in this document should be reviewed for suitability to individual circumstances. The information contained in this guide is general in nature and should not be construed as legal or tax advice. You and your clients are encouraged to seek the advice of other professionals such as legal and tax experts to ensure that the ideas presented are appropriate for the circumstances of the individual(s) for whom this plan is being considered.

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