CrossPoint Financial



The Will Companion

Record keeping made easy

Name of Person 1 _____

Name of Person 2 _____

Date Created _____

Date Last Reviewed _____

Good record keeping

is key to effective wealth management

The Will Companion serves as a one-stop place to keep essential information for ongoing reference, as well as emergencies. In times of stress, there is nothing much worse than struggling to find important information for yourself or a loved one.

The Will Companion provides an immediate and lasting benefit – a sense of control over your financial and personal affairs. We encourage you to put it to good use – show your family members where to find this document should tragedy hit.

IMPORTANT: Once this document is completed, it contains private personal information and should be kept in a safe and secure place.

Table of Contents

Personal Information 4
Marriage/Partnership Information 4
Identification Numbers 4
Children's Information 5
Employment Information 6
Medical Contacts 6
Military Service 6
Club or Association Memberships 7
Professional Advisors 7

Assets 8
Savings & Investments 8
- Banks/Financial Institutions 8
- Pension Plans 8
- Annuities 9
- Investments 9
- Business / Farm Interests 10

Real Estate 10
- Principal Residence 10
- Secondary Property 10
- Other Property 11

Digital Assets 11
- Where you store your passwords 11
- Loyalty Rewards Program 11
- Digital Media Accounts 12
- Email and Social Media Accounts 12
- Digital Devices 13

Other Assets 13

Liabilities 14
Mortgage(s) 14
Vehicle Loan(s) or Leases 14
Credit Card(s) 15
Other Loans 16

Insurance Policies 17

Household Accounts 18

Income Tax Returns 19

Estate Planning 19
Wills 19
Funeral Arrangements 19
Cemetery Plot 19
Powers of Attorney 20
Trusts 20

Emergency Contacts 21

Personal Information

	Client 1	Client 2
Name		
Street address		
City, Province		
Postal Code		
Home phone #		
Cell phone #		
Business phone #		
Email address		
Date of birth		
Place of birth		

Marriage/Partnership Information

Marital status				
Marriage date & year				
Province married in				
Marriage License	☐ Yes	☐ No	Location:	
Domestic Contract?	☐ Yes	☐ No	Location:	
Separation/Divorce Papers	☐ Yes	☐ No	Location:	

Identification Numbers

	Client 1		Client 2		Location
Birth Certificate number					
Social Insurance number					
Driver's License number					
Provincial Health Card number					
Passport number with expiry date					
Permanent Resident	☐ Yes	☐ No	☐ Yes	☐ No	
Landed Immigrant	☐ Yes	☐ No	☐ Yes	☐ No	

Children's Information

	Child 1	Child 2
Name		
Current street address		
City, Province		
Postal Code		
Home phone #		
Cell phone #		
Business phone #		
Email address		
Date of birth		
Place of birth		
Birth certificate number		
Custody adoption papers		
Blood Type		
Health Card number		
Social Insurance #		
Passport number		
Disability Tax Credit eligible	☐ Yes ☐ No	☐ Yes ☐ No
	Child 3	**Child 4**
Name		
Current street address		
City, Province		
Postal Code		
Home phone #		
Cell phone #		
Business phone #		
Email address		
Date of birth		
Place of birth		
Birth certificate number		
Custody adoption papers		
Blood Type		
Health Card number		
Social Insurance #		
Passport number		
Disability Tax Credit eligible	☐ Yes ☐ No	☐ Yes ☐ No

Employment Information

	Client 1	Client 2
Company name		
Current street address		
City, Province, Postal Code		
Contact name		
Phone number		
Email address		

Medical Contacts

	Client 1	Client 2
Group insurance plan carrier		
Plan number		
Family doctor		
Phone		
Address		
Specialist 1		
Phone		
Address		
Specialist 2		
Phone		
Address		
POA for personal care		
Phone		
Email		

Military Service

Are you currently in active duty?	☐ Yes	☐ No	Location:
Discharge papers	☐ Yes	☐ No	Location:
Country of enlistment			
Veteran's number			

Club or Association Memberships

	Client 1	Client 2
Name		
Membership #		
Title		
Name		
Membership #		
Title		

Professional Advisors

	Client 1	Client 2
Lawyer		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Accountant		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Tax Advisor		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Other		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Other		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		

Assets

SAVINGS & INVESTMENTS

Banks/Financial Institutions

	Institution 1	Institution 2
Name of Institution		
Key contact		
Institution address		
City, Province, Postal Code		
Phone Number		
Email address		
Account 1 - Holder(s), Type, Number		
Account 2 - Holder(s), Type, Number		
Account 3 - Holder(s), Type, Number		
	Institution 3	**Institution 4**
Name of Institution		
Key contact		
Institution address		
City, Province, Postal Code		
Phone Number		
Email address		
Account 1 - Holder(s), Type, Number		
Account 2 - Holder(s), Type, Number		
Account 3 - Holder(s), Type, Number		

Pension Plans *(current/past employers)*

	Plan 1	Plan 2	Plan 3
Plan Holder			
Type of Plan (e.g. RPP, DPSP, ESP, Annuity etc.)			
Employer/Organization			
Plan number			
Service provider			
Key contact			
Address			
City, Province, Postal Code			
Phone number			
Email address			

Annuities

	Plan 1	Plan 2	Plan 3
Policy holder			
Type of annuity			
Issuing company			
Policy number			

Investments *(include Cash Accounts, Margin Accounts, GICs, RRSPs, RRIF, RESPs etc.)*

	Investment 1	Investment 2	Investment 3
Company/Institution			
Account holder(s)			
Type of Plan (e.g., GIC, RRSP, RRIF, etc.)			
Account number			
Key contact			
Address			
City, Province, Postal Code			
Phone number			
Email address			
	Investment 4	**Investment 5**	**Investment 6**
Company/Institution			
Account holder(s)			
Type of Plan (e.g., GIC, RRSP, RRIF, etc.)			
Account number			
Key contact			
Address			
City, Province, Postal Code			
Phone number			
Email address			

Business / Farm Interests

Company name			
	☐ Sole Proprietor	☐ Partnership	☐ Corporation
Location of key documents (e.g. shareholder agreement, buy/sell agreement)			
Company name			
	☐ Sole Proprietor	☐ Partnership	☐ Corporation
Location of key documents (e.g. shareholder agreement, buy/sell agreement)			
Company name			
	☐ Sole Proprietor	☐ Partnership	☐ Corporation
Location of key documents (e.g. shareholder agreement, buy/sell agreement)			

REAL ESTATE

Principal Residence

Address	
Purchase date	
Purchase price	
Owner(s)	
Deed location	
Property tax number	
Municipality	

Secondary Property

Address	
Purchase date	
Purchase price	
Owner(s)	
Deed location	
Property tax number	
Municipality	

Other Property

Address	
Purchase date	
Purchase price	
Owner(s)	
Deed location	
Property tax number	
Municipality	

DIGITAL ASSETS

Where you store your passwords

Location	
Details	

Loyalty Rewards Program *(e.g. Air Miles etc.)*

	Client 1	Client 2
Name		
Account number		
Customer service number		
Name		
Account number		
Customer service number		
Name		
Account number		
Customer service number		
Name		
Account number		
Customer service number		
Name		
Account number		
Customer service number		
Name		
Account number		
Customer service number		

Digital Media Accounts

	Client 1	Client 2
Photo Library		
Username		
Password		
Music		
Username		
Password		
Personal Blog		
Web address		
Username		
Password		

Email and Social Media Accounts *(e.g. Gmail, Facebook, Twitter, LinkedIn, etc.)*

	Client 1	Client 2
Username		
Password		
Username		
Password		
Username		
Password		
Username		
Password		
Username		
Password		
Username		
Password		

Digital Devices

	Client 1	Client 2
Desktop		
Username		
Password		
Laptop		
Username		
Password		
Tablets		
Username		
Password		
Mobile Phones		
Username		
Password		
Other		

OTHER ASSETS

Valuable Personal Assets *(e.g. safety deposit box, crypto currency, art, jewelry, collections, etc.)*

Item description	Location and/or details

Liabilities

Mortgage(s)

	Mortgage 1	Mortgage 2
Property address		
Property owner(s)		
Mortgage holder		
Mortgage number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		

Vehicle Loan(s) or Leases

	Vehicle 1	Vehicle 2
Vehicle description		
Vehicle owner(s)		
Loan holder		
Loan number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		
Vehicle ownership location		

Credit Card(s)

	Credit Card 1	Credit Card 2
Issuing organization		
Type of card		
Name on card		
Card number		
Customer service phone number		
Expiry date		
Terms/other information		

	Credit Card 3	Credit Card 4
Issuing organization		
Type of card		
Name on card		
Card number		
Customer service phone number		
Expiry date		
Terms/other information		

	Credit Card 5	Credit Card 6
Issuing organization		
Type of card		
Name on card		
Card number		
Customer service phone number		
Expiry date		
Terms/other information		

Other Loans *(e.g. Personal loan, Line of credit)*

	Loan 1	Loan 2
Loan holder		
Loan number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		

	Loan 3	Loan 4
Loan holder		
Loan number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		

Insurance Policies

Insurance Holder	Type of Insurance	Insurance Company	Policy Number	Agent's Name/ Number	Renewal Date
Automobile					
Home/Mortgage					
Disability/Critical Illness/Long-Term Care					
Life *(term, whole life, universal)*					
Other					

Household Accounts

Type of Account	Provider	Account number	Telephone number
Electricity/Hydro			
Oil/Gas			
Water			
Internet			
Cable/Satellite			
Home telephone			
Cellular phone 1			
Cellular phone 2			
Lawn care			
Snow removal			
House cleaning			
Magazine subscriptions 1			
Magazine subscriptions 2			
Newspaper 1			
Newspaper 2			
Club membership 1			
Club membership 2			
Home security monitoring			
Other			
Other			
Other			
Other			
Other			
Other			
Other			

Income Tax Returns

	Client 1	Client 2
Location of Tax Returns		
Tax Specialist		

Estate Planning

Wills

	Client 1	Client 2
Location of Will		
Does it contain Living Will?		
Co-Executor's Name		
Address		
City, Province, Postal Code		
Phone number		
Email address		
Guardian Name		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Funeral Arrangements

	Client 1	Client 2
Pre-planned funeral	☐ Yes ☐ No	☐ Yes ☐ No
Funeral home address		
Contact name		
Contact phone number		
Additional details		

Cemetery Plot

	Client 1	Client 2
Cemetery name		
Plot number & location		
Location of plot deed		
Contact name		
Contact phone number		

Powers of Attorney

	Client 1	Client 2
Location of Powers of Attorney		
Lawyer's name		
Address		
City, Province, Postal Code		
Phone number		
Email address		
Continuing Power of Attorney for Property		
Name of person appointed		
Address		
City, Province, Postal Code		
Phone number		
Email address		
Name of alternative person appointed		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Note: Power of Attorney for Personal Care can be found in the Medical Information section

Trusts

	Client 1	Client 2
Type of Trust		
Trustee name(s)		
Financial Institution		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Emergency Contacts

	Contact 1	Contact 2
Name		
Relationship		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Other Important Information

The information in this publication may not be relied on as a basis for any decision or action and should not be used as a substitute for professional advice such as legal advice or a definitive analysis of tax applicability or applicable trust and estate law. You should seek independent legal and/or tax advice regarding your personal circumstances.