

# Will Planning Questionnaire

## Balance sheet

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

| Assets:                               | You | Your Spouse |
|---------------------------------------|-----|-------------|
| Personal residence                    | \$  |             |
| Other real estate (list on next page) |     |             |
| Personal property                     |     |             |
| RRSPs                                 |     |             |
| RRIFs                                 |     |             |
| RPPs                                  |     |             |
| TFSAs                                 |     |             |
| Stocks and bonds (list on next page)  |     |             |
| Life insurance (list on next page)    |     |             |
| Business interests                    |     |             |
| Bank accounts (list on next page)     |     |             |
| Digital assets that may have a value  |     |             |

| Liabilities:                          | You | Your Spouse |
|---------------------------------------|-----|-------------|
| Personal residence                    |     |             |
| Other real estate (list on next page) |     |             |
| Personal property                     |     |             |
| RRSPs                                 |     |             |
| RRIFs                                 | \$  | \$          |
| RPPs                                  | \$  | \$          |

|                                  | You | Your Spouse |
|----------------------------------|-----|-------------|
| Real estate:                     |     |             |
|                                  |     |             |
|                                  |     |             |
| Bank accounts:                   |     |             |
| (Could include digital accounts) |     |             |
|                                  |     |             |
| Stocks & bonds:                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
| Personal loans:                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
| Business loans:                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
| Life insurance:                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
|                                  |     |             |
| Beneficiary/beneficiaries:       |     |             |
|                                  |     |             |
| Policy loans:                    |     |             |
|                                  |     |             |

# Questionnaire

1. Who do you wish to be your executor?

**You:** \_\_\_\_\_

**Your spouse:** \_\_\_\_\_

2. Do you wish to appoint someone to assist your executor? Who? (co-executor)

**You:** \_\_\_\_\_

**Your spouse:** \_\_\_\_\_

3. Do you wish to name someone to replace your executor in the event of death? (contingent executor)

**You:** \_\_\_\_\_

**Your spouse:** \_\_\_\_\_

4. Do you wish to leave any personal property to anyone? (Bequest e.g., jewelry, collections, clothing)

**You:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your spouse:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you wish to leave a sum of money to anyone?

**You:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your spouse:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you wish to leave the remainder of your estate to your spouse?

**You:**      Yes                  No

**Your spouse:**      Yes                  No

7. If not, do you want to create a trust for your spouse, with the trust assets going to your children when your spouse dies?

**You:**      Yes                  No

**Your spouse:**      Yes                  No

8. Do you wish that any bequests to your children go directly to them or be held in trust by the executor?

**You:** \_\_\_\_\_

**Your spouse:** \_\_\_\_\_

9. Do you wish to have your business managed by trustees until your spouse and / or children are capable of doing so?

**You:**      Yes                  No

**Your spouse:**      Yes                  No

## In the event that children are left alone while minors:

10. Who do you wish to name as guardian or guardians of your children?

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11. Do you wish your estate to be held in one trust until your youngest child reaches a certain age (usually age of majority) with income from the trust paid to children according to their individual needs?

**You:**            Yes            No

**Your spouse:**            Yes            No

**Or**

Do you wish your estate to be divided equally on your death and held in separate trusts with income paid to each child from his or her own trust?

**You:**            Yes            No

**Your spouse:**            Yes            No

12. If, at any time because of infation or special needs, the income is not sufficient, do you wish to allow the children to use part of their capital? (capital encroachment)

**You:**            Yes            No

**Your spouse:**            Yes            No

13. At what age(s) should each child receive his or her share? (date of final distribution e.g., age 18 or, age 21, or half at age 21 and remainder at age 25)

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14. If a child dies before the date of final distribution and leaves children of their own alive, do you wish your grandchildren to take your child's share?

Yes            No

15. If a child dies before the date of final distribution and leaves children of their own alive, do you wish that child's share to go to your other children still alive?

Yes            No

16. If none of your children survive to the date of final distribution, to whom do you wish to leave the rest of your estate?

**You:** \_\_\_\_\_

**Your spouse:** \_\_\_\_\_

17. Do you wish to leave money to a charity?

**You:** \_\_\_\_\_

**Your spouse:** \_\_\_\_\_

If yes, which charities?

**You:** \_\_\_\_\_

**Your spouse:** \_\_\_\_\_

## Other provisions:

18. Are there any special clauses you want in your Will?

**You:**

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**Your spouse:**

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19. Are there any special funeral instructions? (e.g., cremation, closed casket, burial plot)

**You:**

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**Your spouse:**

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20. Has funeral/cremation been pre-arranged?

**You:**

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**Your spouse:**

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21. Do you have pets that require a care-giver and have you discussed with the care-giver how the funds should be used?

Name of pet care-giver: \_\_\_\_\_

Have you made funds available to your pet care-giver?

Yes

No

|                  |  |                      |
|------------------|--|----------------------|
| <b>Agreement</b> | <p>By signing below, you agree that:</p> <ol style="list-style-type: none"> <li>1. We can obtain personal information about you as described below (examples of information to be collected, financial statements, corporate organization charts, will, shareholder agreements etc.).</li> <li>2. We can use your personal information to: <ul style="list-style-type: none"> <li>• help you and your advisor(s) assess your insurance needs;</li> <li>• determine which of our products may meet those needs;</li> <li>• determine whether the insurance we may provide would require and/or be eligible for reinsurance; and</li> <li>• underwrite any product you decide to apply for.</li> </ul> </li> <li>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.</li> <li>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.</li> </ol> <p>You do not give consent for us to obtain your personal information from third parties.</p> <p>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.</p> <p>You do not give consent for us to give your personal information to third parties.</p> <p>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.</p> <p>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.</p> <p>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 <a href="http://www.manulife.ca">www.manulife.ca</a> &gt; Privacy Policy.</p> |                      |
| 2 Signatures     | Client name (please print)   | Client Signature     |
|                  | Date (dd/mm/yyyy)  | Signature of Witness |

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.