



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 _____

Have you ever applied for insurance before? Yes _____ No _____

Have you ever been declined for insurance? Yes _____ No _____

If yes, explain why:

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.

Marital status: Married _____ Common Law _____ Civil Union (Quebec) _____

Date of marriage: _____ Place: _____

For Quebec only: What is the marital regime? _____

Date of separation or divorce: _____ Is there a pre-nuptial agreement? _____

Were either of you married previously? _____

If so, are there any support obligations? _____

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

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



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 all reflect your current situation. Ideally, you should review your plan 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 (U.S. terminology). 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 “Mandatary” 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 (reference is to Ontario) 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, 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: _____

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 or grandchildren. 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.

SECTION FOUR: NET WORTH

| ASSETS | You | Spouse | Joint | Original Cost |
|--|-----|--------|-------|---------------|
| Cash | | | | |
| Non-registered investments | | | | |
| RRSP/RRIF | | | | |
| Loans receivable | | | | |
| Family home | | | | |
| Vacation property 1 | | | | |
| Vacation property 2 | | | | |
| Rental property | | | | |
| TFSA | | | | |
| Life insurance cash values | | | | |
| Mortgages receivable | | | | |
| Other assets e.g. antiques, art, jewelery | | | | |
| LIABILITIES | 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): _____

Name of all lives insured: _____

Death benefit: \$ _____ Beneficiary: _____

Payment frequency: Annual Monthly Other _____

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

Policy #2

What kind of insurance do you have? _____

Insurance company name: _____

Policy owner(s): _____

Name of all lives insured: _____

Death benefit: \$ _____ Beneficiary: _____

Payment frequency: Annual Monthly Other _____

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

Policy #3

What kind of insurance do you have? _____

Insurance company name: _____

Policy owner(s): _____

Name of all lives insured: _____

Death benefit: \$ _____ Beneficiary: _____

Payment frequency: Annual Monthly Other _____

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

Policy #4

What kind of insurance do you have? _____

Insurance company name: _____

Policy owner(s): _____

Name of all lives insured: _____

Death benefit: \$ _____ Beneficiary: _____

Payment frequency: Annual Monthly Other _____

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

| | | |
|----------------------------|--|-----------------------------|
| <p>1 Agreement</p> | <p>By signing below, you agree that:</p> <ol style="list-style-type: none"> 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.). 2. We can use your personal information to: <ul style="list-style-type: none"> ■ 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. <p>You do not give consent for us to obtain your personal information from third parties.</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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 www.manulife.ca > Privacy Policy.</p> | |
| <p>2 Signatures</p> | <p>Client name (please print)</p> | <p>Client Signature</p> |
| | <p>Date (dd/mm/yyyy)</p> | <p>Signature of Witness</p> |

