

SAVINGS AND GUARANTEED INVESTMENT FUNDS



# Personal inventory of assets and important documents

TO SIMPLIFY MATTERS FOR MEMBERS OF A FAMILY,  
IN THE EVENT ONE OF THEM BECOMES  
INCAPACITATED OR DIES



**CAUTION**

This document is provided for your convenience and for informational purposes only. It does not constitute advice of any kind. The general information contained herein is subject to change without notice. You should not rely only on this information for your tax planning. We strongly suggest that you consult a legal and tax representative to discuss those regulations and how this information applies to your particular circumstances with regard to your estate plan. Desjardins Insurance shall not be held responsible for any unwanted tax liability.

# Table of contents

<b>Section 1</b> <b>Personal information</b>	<b>4</b>	<b>Section 4</b> <b>Personal documents</b>	<b>8</b>
<b>Section 2</b> <b>Professional representatives and location of documents</b>	<b>5</b>	Life insurance and critical illness insurance policies	
Professional representatives		Investments and bank accounts	
Location of documents		Credit cards	
<b>Section 3</b> <b>Legal documents</b>	<b>6</b>	Debit cards	
Will		Damage insurance contracts	
Executor/administrator for the estate		Income tax returns	
Living will		Online services accounts	
Funeral arrangements		<b>Section 5</b> <b>Debtors, debts and financial obligations</b>	<b>12</b>
Marriage/Civil union/Common-law relationship contract		Debtors (persons or organizations)	
Separation or divorce decree		Debts and financial obligations	
You are a widow(er)		<b>Section 6</b> <b>Home and other real estate property</b>	<b>13</b>
Birth certificate		Personal residence	
You were not born in Canada		Income property	
		Secondary residence	
		<b>Section 7</b> <b>Other personal effects</b>	<b>15</b>

**NOTE**

The masculine gender is used occasionally and only when necessary for readability purposes, with no discrimination intended.

## Section 1

# Personal information

### Client

First and last names at birth:

Date of birth:      MM   /   DD   /   YYYY      Social insurance number:

Address:

Phone number:      Cell phone number:

Email:

Marital status:     Single                       Married                       Civil union                       Common-law  
 No longer living with partner     Legally separated                       Divorced                       Widowed

### Spouse

First and last names at birth:

Date of birth      MM   /   DD   /   YYYY      Social insurance number:

Address (if different):

Phone number:      Cell phone number:

Email:

### Child's

Child's first and last names at birth	Date of birth	Social insurance number

## Section 2

# Professional representatives and location of documents

### Professional representatives

#### Notary

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

#### Lawyer

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

#### Accountant

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

#### Physician

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

#### Financial representative

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

### Location of documents

Safe of safety deposit box:  Yes  No

Location of key: \_\_\_\_\_

Financial institution: \_\_\_\_\_

Box number: \_\_\_\_\_

Location of document originals: \_\_\_\_\_

Location of document copies: \_\_\_\_\_

Other: \_\_\_\_\_

### Section 3

# Legal documents

**Will**     Yes     No

Date of last will:    MM / DD / YYYY

Location of will (or copy):

Will notarized/drawn up by a notary:     Yes     No

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

## Executor/administrator for the estate

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

## Alternate executor/administrator

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

**Living will**     Yes     No

Date of last will:    MM / DD / YYYY

Location of original or copy of the living will:

Living will drawn up by a lawyer:     Yes     No

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

## Funeral arrangements

Instructions for the funeral:     Yes     No

Next-of-kin will handle funeral arrangements:     Yes     No

Remains to be prepared for:     open-casket viewing     burial     cremation

Other details:

Instructions are detailed:     in the will     in another document located: \_\_\_\_\_

## Funeral arrangements (cont'd)

Pre-arranged funeral contract:  Yes  No

### Funeral home

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of documents: \_\_\_\_\_

## Marriage/Civil union/Common-law relationship contract

Marital status:  Married  Civil union  Common-law

Date of marriage, civil union or start of common-law relationship: \_\_\_\_\_ MM / DD / YYYY

Location of contract: \_\_\_\_\_

Matrimonial regime:  Partnership of acquests  Separation as to property  Community of property

Contract drawn up by a lawyer:  Yes  No

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

## Separation or divorce decree

No longer living with partner  Legally separated  Divorced

Date of separation or decree: \_\_\_\_\_ MM / DD / YYYY

Location of decree: \_\_\_\_\_

## You are a widow(er)

Date of spouse's death: \_\_\_\_\_ MM / DD / YYYY

Death certificate on hand:  Yes  No

Location of spouse's death certificate: \_\_\_\_\_

## Birth certificate

Location of birth certificate: \_\_\_\_\_

Location of child's/children's birth certificate(s): \_\_\_\_\_

Location of the adoption order for: \_\_\_\_\_

## You were not born in Canada

Location of citizenship certificate: \_\_\_\_\_

Other information: \_\_\_\_\_

## Section 4

# Personal documents

### Life insurance and critical illness insurance policies

#### Broker or representative

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Group insurance: \_\_\_\_\_

Loan insurance: \_\_\_\_\_

Location of life insurance policies: \_\_\_\_\_

Accidental death: \_\_\_\_\_

Life insurance coverage under the provisions of a credit card contract:  Yes  No

Issuer: \_\_\_\_\_

Life insurance coverage as a club member (e.g.: CAA):  Yes  No

Issuer: \_\_\_\_\_

Life insurance coverage as a member of another organization or association:  Yes  No

Issuer: \_\_\_\_\_

### Investments and bank accounts

#### Financial institution or company

Name of contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Account number:

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Category:

(RRSP, TFSA's, RRIF, LIRA, LIF, savings, chequing, mutual funds, etc.):

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## Investments and bank accounts (cont'd)

### Financial institution or company

Name of contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Account number: \_\_\_\_\_

Category:  
(RRSP, TFSA's, RRIF, LIRA, LIF, savings,  
chequing, mutual funds, etc.):

### Financial institution or company

Name of contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Account number: \_\_\_\_\_

Category:  
(RRSP, TFSA's, RRIF, LIRA, LIF, savings,  
chequing, mutual funds, etc.):

Location of bank books, bank teller cards and chequebooks: \_\_\_\_\_

Location of investment documents and records: \_\_\_\_\_

## Credit cards

Issuer: \_\_\_\_\_ Number: \_\_\_\_\_

Issuer: \_\_\_\_\_ Number: \_\_\_\_\_

Issuer: \_\_\_\_\_ Number: \_\_\_\_\_

## Debit cards

Issuer: \_\_\_\_\_ Number: \_\_\_\_\_

Issuer: \_\_\_\_\_ Number: \_\_\_\_\_

Issuer: \_\_\_\_\_ Number: \_\_\_\_\_

## Section 4

# Personal documents

### Damage insurance contracts

#### Home

Insurer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Automobile

Insurer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Other

Insurer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

### Income tax returns

#### Accountant

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Location of previous income tax returns: \_\_\_\_\_

### Online services accounts

#### Email

Email address: \_\_\_\_\_  
User name and password: \_\_\_\_\_

Email address: \_\_\_\_\_  
User name and password: \_\_\_\_\_

Email address: \_\_\_\_\_  
User name and password: \_\_\_\_\_

## Online services accounts (cont'd)

### Social networks

Account 1 – Close the account?  Yes  No

User name and password:

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Account 2 – Close the account?  Yes  No

User name and password:

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Account 3 – Close the account?  Yes  No

User name and password:

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### Online banking services

Financial institution:

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Credentials and password:

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Financial institution:

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Credentials and password:

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Financial institution:

---

Credentials and password:

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## Section 5

# Debtors, debts and financial obligations

### Debtors (persons or organizations)

#### Debtor

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Debtor

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Debtor

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Location of related documents: \_\_\_\_\_

### Debts and financial obligations

**Line of credit**       Yes     No

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

**Life insurance**       Yes     No

Location of contract: \_\_\_\_\_

**Personal loans**       Yes     No

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

**Life insurance**       Yes     No

Location of contract: \_\_\_\_\_

**Personal loans**       Yes     No

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

**Life insurance**       Yes     No

Location of contract: \_\_\_\_\_

**Personal debt**       Yes     No

Name of creditor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of document: \_\_\_\_\_

## Section 6

# Home and other real estate property

### Personal residence

**Tenant**  Yes  No

Owner: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of lease copy: \_\_\_\_\_

**Sole owner of a home**  Yes  No

**Joint owner of a home**  Yes  No

Name of co-owner: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of purchase contract and other documents: \_\_\_\_\_

**Mortgage on this property**  Yes  No

Address of the property: \_\_\_\_\_

Financial institution or company: \_\_\_\_\_ Account number: \_\_\_\_\_

Life insurance  Yes  No

Disability insurance  Yes  No

Location of contract: \_\_\_\_\_

### Income property

**Sole owner of an income property**  Yes  No

**Joint owner of an income property**  Yes  No

Name of co-owner: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of contract and other documents (leases, etc.): \_\_\_\_\_

**Mortgage on this property**  Yes  No

Financial institution or company: \_\_\_\_\_ Account number: \_\_\_\_\_

Life insurance  Yes  No

Disability insurance  Yes  No

Location of contract: \_\_\_\_\_

Section 6

# Home and other real estate property

## Secondary residence

**Sole owner of a secondary residence**       Yes       No

**Joint owner of a secondary residence**       Yes       No

Name of co-owner: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of purchase contract and other documents: \_\_\_\_\_

**Mortgage on this property**       Yes       No

Financial institution or company: \_\_\_\_\_ Account number: \_\_\_\_\_

Life insurance       Yes       No

Disability insurance       Yes       No

Location of contract: \_\_\_\_\_



Section 7

# Other personal effects

## Inventory

Item (car, jewellery, art, etc.)	Location

Important documents (credit cards, passport, health insurance card, etc.)	Location



Desjardins Insurance refers to Desjardins  
Financial Security Life Assurance Company.  
200 rue des Commandeurs  
Lévis, QC G6V 6R2 / 1-866-647-5013