BIAPR - Estate Planning Questionnaire

Important Preparation

Before meeting with your lawyer, please:

- Complete this Estate Planning Questionnaire
- Bring photo identification (Driver's License or passport)
- Bring copies of current estate planning documents (if any):
    - Will
    - Powers of Attorney
    - Representation Agreement
    - Letters of Wishes and/or Living Will
- Confirm ownership status of assets (sole or joint ownership)
- Verify beneficiary designations with financial institutions for:
    - Life insurance policies
    - RRSPs
    - RRIFs
    - RESPs
    - TFSAs
    - Pensions

A. PERSONAL AND FAMILY PARTICULARS

Note: For couples, please complete only one questionnaire for both parties

1. Client #1

Personal Information

Full Name: _____
Also known as: _____
Address: _____
Occupation: _____

Contact Information

Home Phone: _____
Office Phone: _____
Cell Phone: _____

Email: _____

Additional Details

Date of Birth: _____
Place of Birth: _____
Citizenship: _____

Relationship Status (circle all that currently apply):

- Single
- Married
- Engaged
- Co-habiting
- Divorced
- Separated
- Widow(er)

Do you have a marriage contract or co-habitation agreement with your current spouse?

☐ Yes ☐ No *(If yes, please bring a copy)*

Are there continuing financial obligations from a previous spousal relationship?

☐ Yes ☐ No *(If yes, please bring a copy of court order or agreement)*

2. Client #2 (spouse, if applicable)

Personal Information

Full Name: _____
Also known as: _____
Address: _____
Occupation: _____

Contact Information

Home Phone: _____
Office Phone: _____
Cell Phone: _____
Email: _____

Additional Details

Date of Birth: _____
Place of Birth: _____
Citizenship: _____

Relationship Status (circle all that currently apply):

- Single
- Married
- Engaged
- Co-habiting
- Divorced
- Separated
- Widow(er)

Do you have a marriage contract or co-habitation agreement with your current spouse?

☐ Yes ☐ No *(If yes, please bring a copy)*

Are there continuing financial obligations from a previous spousal relationship?

☐ Yes ☐ No *(If yes, please bring a copy of court order or agreement)*

3. Children

Note:

Please note with an asterisk (*) any child of a former marriage of either spouse

And

With a double asterisk (**) any child who is disabled.

"Child" includes legally adopted children but not non-adopted step children.

For each child:

Full Name: _____
Address: _____
Date of Birth: _____
Marital Status: _____
Names of Grandchildren and their DOB: _____

Have any children predeceased you leaving their children?
(If yes, provide information including date of passing)

4. Next of Kin

If you have no children please provide names of your next of kin and their relationship to you: _____

B. ASSETS

1. REAL ESTATE

Address: _____
Registered Owner(s): _____
(Indicate if joint) Approximate Value: $_____
Mortgage (if any) Balance: $_____

2. BANK ACCOUNTS

(including GICs, Term Deposits, etc.)

Owner (indicate if joint)	Financial Institution	Approx. Value
_____	_____	$_____
_____	_____	$_____

3. REGISTERED SAVINGS PLANS

Type	Financial Institution	Advisor	Beneficiary	Approx. Value
RSPs	_____	_____	_____	$_____
RIFs	_____	_____	_____	$_____
TFSA	_____	_____	_____	$_____
RESP	_____	_____	_____	$_____

4. INVESTMENT ACCOUNTS

(non-registered accounts holding publicly traded stocks/bonds/cash)

Owner (indicate if joint)	Financial Institution	Advisor	Approx. Value
_____	_____	_____	$_____
_____	_____	_____	$_____

5. LIFE INSURANCE

Policy Owner	Name of Insurer	Beneficiary	Value of Policy
_____	_____	_____	$_____
_____	_____	_____	$_____

6. PENSION PLANS and/or ANNUITIES

Owner	Name of Employer/Trustee/Holder	Beneficiary	Vested	Matured
_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No
_____	_____	_____	☐ Yes ☐ No	☐ Yes ☐ No

7. SHARES OF A PRIVATE COMPANY

Carry on Business as:

☐ Partner ☐ Sole Proprietorship ☐ Incorporated Limited Liability

Name of business: _____

Have you signed an agreement with your partner(s)/shareholders regarding buy-out on death or disability?

☐ Yes ☐ No *(If yes, please provide a copy)*

Number of shares: _____
Class Registered: _____
Owner: _____
Approximate Fair Market Value: $_____

8. PERSONAL EFFECTS OF SIGNIFICANT VALUE

Please list items and approximate values:
Artwork: $_____
Jewelry: $_____
Heirlooms: $_____
Valuable Collections: $_____
Automobiles: $_____
Boats: $_____

RVs: $_____
Other: $_____

9. OTHER ASSETS AND ISSUES

a) Do you have any interest in existing estates or trusts?

☐ Yes ☐ No *(If yes, please provide a copy of Will or Trust Deed)*

b) Do you own assets outside BC or Canada not mentioned above?

c) Does anyone owe you money?

☐ Yes ☐ No Amount: $_____

d) Are you acting as committee, attorney, or representative for anyone?

☐ Yes ☐ No Details: _____

e) Are you acting or have you been appointed as Executor by anyone?

☐ Yes ☐ No Details: _____

10. ANY OTHER ASSETS NOT MENTIONED ABOVE

or any matters surrounding your financial affairs that will assist in developing an estate plan? _____

C. DEBTS

1. Loans Payable

(other than mortgages previously noted)

Creditor: _____

Life Insured? ☐ Yes ☐ No

If yes, to whom: _____
Amount: $_____

2. Guarantees Outstanding

Debtor	Creditor	Amount of Indebtedness
_____	_____	$_____
_____	_____	$_____

D. WILL PARTICULARS

1. Executor

Who will carry out the administration of your Estate and manage any trusts created under your Will? _____

Who will act as your alternate executor if your first choice declines, becomes ill, or dies? _____

You may appoint more than one person as co-executors in either position.

Client 1 as first choice

Executor(s): _____
Relationship: _____
Occupation: _____
City of Residence: _____
Alternate(s): _____
Relationship: _____
Occupation: _____
City of Residence: _____

2. Guardian

Who will act as guardian of children under 19 years old?
Guardian(s): _____
Relationship: _____
City of Residence: _____
Alternate(s): _____
Relationship: _____
City of Residence: _____

Client 2 as first choice

Executor(s): _____
Relationship: _____
Occupation: _____
City of Residence: _____
Alternate(s): _____
Relationship: _____
Occupation: _____
City of Residence: _____

2. Guardian

Who will act as guardian of children under 19 years old?
Guardian(s): _____
Relationship: _____
City of Residence: _____
Alternate(s): _____
Relationship: _____
City of Residence: _____

3. Distribution of Estate

a) If you have a spouse and she/he survives you, should she/he receive some or all of your Estate?

☐ Yes ☐ No

Describe your intentions: _____

b) If you have no spouse, or if your spouse predeceases you, how will your Estate be distributed?

i. Personal Effects/Household Goods & Furnishings

What would you like done with your personal effects, household goods, and furnishings?
_____

ii. Financial Gifts

(attach separate sheet if needed)

Name and Address of Gift Recipient	Dollar Amount/Item/Property	Relationship
_____	_____	_____
_____	_____	_____

iii. Charitable Gifts

(attach separate sheet if needed)

Name of Charity/Organization	Gift Details	Value/Percentage
_____	Life Insurance ☐	$_____
_____	Cash ☐	$_____
_____	Stocks ☐	$_____
_____	Bonds ☐	$_____
_____	Property ☐	$_____
_____	% of Estate ☐	_____%

iv. Shares of Estate for your Children

Will children receive equal shares?

☐ Yes ☐ No Describe: _____

Account for lifetime gifts/advances/loans?

☐ Yes ☐ No Describe: _____

Distribution Method:

☐ Outright ☐ Held in Trust Describe: _____

If a child doesn't survive you, their share should go to:

☐ Their children (your grandchildren) ☐ Divided among your other children

Trust Considerations:

1. Trustee Selection:

☐ Your executor
☐ Beneficiary's parent/guardian
☐ Third party

2. Distribution Age:

☐ All at 19
☐ All at 25
☐ Staggered: ⅓ at 21, ½ of balance at 25, remainder at 30
☐ Other: _____

3. Fund Usage:

☐ Education only
☐ Education and special needs/health care
☐ Complete trustee discretion
☐ Other: _____

4. If beneficiary doesn't survive to stipulated age:

☐ Share goes to deceased beneficiary's children
☐ Share goes to deceased beneficiary's siblings
☐ Share goes directly to charity
☐ Other: _____

c) If no children – shares of estate to others: *(attach separate sheet if needed)*

Name and Address	**Share of Estate**	**Relationship**
_____	_____	_____
_____	_____	_____

4. If All Else Fails

Who will inherit your Estate if none of your chosen heirs survive?

_____
_____

5. Funeral Instructions

These are not necessary to include in your Will, but many choose to include their funeral wishes:

_____

_____

E. STORAGE OF ESTATE PLANNING DOCUMENTS

Where will you keep originally signed documents?

☐ Home (fireproof safe recommended)
☐ Safety Deposit Box Bank & Branch: _____
☐ Other: _____

F. OTHER COMMENTS, CONCERNS, OR INSTRUCTIONS

Such as Pets?

_____

G. INCAPACITY PLANNING DOCUMENTS

Enduring Power of Attorney

Do you have an existing General or Enduring Power of Attorney?

☐ Yes ☐ No

If you wish to execute a new one, please complete:
Attorney(s): _____
Relationship: _____
Address: _____
Occupation: _____
Alternate(s): _____
Relationship: _____
Address: _____
Occupation: _____

Can attorneys:

☐ Act immediately
☐ Only after incapacity confirmed by physician(s)

Should attorneys be compensated?

☐ Yes ☐ No

Can attorneys make charitable gifts?

☐ Yes ☐ No

If spouse is attorney, can they benefit from assets?

☐ Yes ☐ No

Representation Agreement with Letter of Wishes for End of Life Care

Do you have existing Agreement or Letter of Wishes/Living Will?

☐ Yes ☐ No

Are you an Organ Donor?

☐ Yes ☐ No