



The Family Inventory

RBC Wealth Management

RBC Wealth Management® provides comprehensive services designed to address your multi-faceted financial concerns, simplify your life, give you the freedom to pursue your other priorities and provide you with the confidence that your goals will be achieved.

Whether you need assistance managing your family's wealth, maximizing your business investments or providing stewardship for non-profit assets, RBC Wealth Management brings together the solutions you need in key areas such as financial planning, private banking, investment management and estate and trust services.

Tailored to your individual needs by your RBC® advisor, RBC Wealth Management provides the specific services you need, today and in the future. Your RBC advisor, supported by a team of specialists, helps you address your various wealth management needs through each stage of your life:

- › Accumulating wealth and growing your assets
- › Protecting your wealth by managing risk
- › Managing the affairs for a loved one
- › Converting your wealth to an income stream
- › Transferring wealth to your heirs
- › Creating an enduring legacy

RBC WEALTH MANAGEMENT PUBLICATIONS

To help you understand your choices and make informed decisions, RBC publishes a wide variety of financial, tax and estate publications, written by leading authorities on wealth management for high-net-worth Canadians. Please ask your RBC advisor for more information about other RBC Wealth Management publications.

The Family Inventory guidebook has been designed to help you gather a comprehensive list of all information pertaining to your family's current financial status, such as:

- › Personal information
- › Professional Advisors
- › Banking
- › Investments
- › Assets
- › Pension
- › Insurance

You will find this inventory a useful reference when creating or updating your financial plan. It will help you step back and look at your overall financial situation and ensure you have considered all aspects of your financial affairs.

Completing this inventory is also a first step in developing your estate plan. It will help you ensure that all assets are accounted for and considered, and that beneficiaries are taken care of. An up-to-date inventory will prove invaluable to your surviving heirs, executors, trustees and advisors as your estate is settled.

You should update this document whenever significant changes in your family's financial status occur. Due to the level of detail and personal information, be sure to keep the information safe and secure by, for example, adding password protection to your soft copy and storing any printed copies in your safety deposit box. If you have any questions while using this document, please contact your advisor at RBC.



1. Introduction	1
2. Personal information	2
3. Professional advisors	3
4. Banking information	4
5. Credit information	5
6. Investment information	6
7. Personal assets	7
8. Real estate and pension plans	8
9. Business investments	9
10. Life insurance	10
11. Other insurance	11
Other life coverage	11
Group health insurance	11
Private disability insurance	11
Critical illness/disability insurance	12
Property insurance	12
Other insurance	12
12. Location of other important documents	13
13. Your funeral and Will	14
Pre-planned funeral	14
Your Will	14
Beneficiaries	14
14. Your spouse's or partner's pre-planned funeral and Will	15
Pre-planned funeral	15
Your spouse's or partner's Will	15
Beneficiaries	15
15. Power of Attorney	16
Power of Attorney	16
Your spouse's or partner's Power of Attorney	16
Notes	16

2 › PERSONAL INFORMATION

Date prepared:	Date of most recent update:
Your name:	Date of birth:
S.I.N.:	Place of birth:
Address:	Phone:
Spouse's or partner's name:	Date of birth:
S.I.N.:	Place of birth:
Address:	Phone:
Dependants	
Name:	Date of birth:
Relation*:	
S.I.N.:	Place of birth:
Address:	Phone:
Name:	Date of birth:
Relation*:	
S.I.N.:	Place of birth:
Address:	Phone:
Name:	Date of birth:
Relation*:	
S.I.N.:	Place of birth:
Address:	Phone:
Name:	Date of birth:
Relation*:	
S.I.N.:	Place of birth:
Address:	Phone:

*E.g. son, daughter, grandchild, niece, nephew.

3 › PROFESSIONAL ADVISORS

Accountant		
Name:		Firm:
Address:		
Phone:	Fax:	Email:

Lawyer		
Name:		Firm:
Address:		
Phone:	Fax:	Email:

Investment advisor		
Name:		Firm:
Address:		
Phone:	Fax:	Email:

Banker		
Name:		Firm:
Address:		
Phone:	Fax:	Email:

Trust company		
Name:		Firm:
Address:		
Phone:	Fax:	Email:

Other		
Name:		Firm:
Address:		
Phone:	Fax:	Email:

4 › BANKING INFORMATION

Accounts	
1. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number:	Account type*:
2. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number:	Account type*:
3. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number:	Account type*:
4. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number:	Account type*:
5. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number:	Account type*:
Bank machine cards	
1. Issuer:	Card number:
2. Issuer:	Card number:
3. Issuer:	Card number:

*Include all banking accounts — e.g. chequing, savings.

5 › CREDIT INFORMATION

Loan accounts	
1. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
2. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
3. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
4. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
Credit cards	
1. Issuer:	Card number:
Expiry date:	Credit limit: \$
2. Issuer:	Card number:
Expiry date:	Credit limit: \$
3. Issuer:	Card number:
Expiry date:	Credit limit: \$

*Include all banking liabilities — e.g. mortgage, credit line, demand loans.

6 › INVESTMENT INFORMATION

1. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$
2. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$
3. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$
4. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$
5. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$
6. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$
7. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$
8. Firm:	
Account type*:	Account number:
Ownership type/beneficiary**:	Value: \$

*Include cash accounts, margin accounts, TFSAs, RRSPs, RRIFs, LIRAs, Locked-in RRSPs, LIFs, LRIFs, Prescribed RRIFs, RESPs, RDSPs, annuities, etc.

**If a registered account, indicate a beneficiary. If a cash or margin account, indicate whether held in single name, joint tenancy with right of survivorship or tenancy in common.

7 › PERSONAL ASSETS

Assets (e.g. cars, jewellery, art, etc.)			
Item description	Location	Beneficiary	Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$
21.			\$
22.			\$

8 > REAL ESTATE AND PENSION PLANS

Real estate	
Principal residence address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$
Beneficiary:	
1. Other property address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$
Beneficiary:	
2. Other property address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$
Beneficiary:	
Pension plans	
1. Company name:	Company contact:
Phone:	Plan type*:
Beneficiary:	Value: \$
2. Company name:	Company contact:
Phone:	Plan type*:
Beneficiary:	Value: \$

*Defined Benefit, Money Purchase or Defined Contribution; DPSP; or group RRSP.

9 › BUSINESS INVESTMENTS

Private corporations

1. Company name:

Type*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

2. Company name:

Type*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

3. Company name:

Type*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

*Sole proprietorship, partnership, corporation, etc.

10 › LIFE INSURANCE

Individual coverage		
1. Issuer:		Insured:
Agent's name:		Phone:
Insurance type*:		Policy number:
Face value: \$	Cash surrender value: \$	Death benefit:
Contract location:		Beneficiary:
2. Issuer:		Insured:
Agent's name:		Phone:
Insurance type*:		Policy number:
Face value: \$	Cash surrender value: \$	Death benefit:
Contract location:		Beneficiary:
Group coverage		
1. Issuer:		Insured:
Agent's name:		Phone:
Insurance type*:		Policy number:
Face value: \$	Cash surrender value: \$	Death benefit:
Contract location:		Beneficiary:
2. Issuer:		Insured:
Agent's name:		Phone:
Insurance type*:		Policy number:
Face value: \$	Cash surrender value: \$	Death benefit:
Contract location:		Beneficiary:

*Indicate if Term or Permanent coverage.

11 › OTHER INSURANCE

Health card number:		
Other life coverage (e.g. travel insurance, credit cards, etc.)		
1. Issuer:		Insured:
Insurance type:		Policy number:
Death benefit:		Contract location:
2. Issuer:		Insured:
Insurance type:		Policy number:
Death benefit:		Contract location:
Group health insurance		
1. Insurance company:		
Contact name:		Phone:
Group:		Coverage for:
2. Insurance company:		
Contact name:		Phone:
Group:		Coverage for:
Private disability insurance		
1. Insurance company:		
Contact name:		Phone:
Coverage type/person insured:		Policy number:
Coverage: \$	Annual premium: \$	Benefit period:
2. Insurance company:		
Contact name:		Phone:
Coverage type/person insured:		Policy number:
Coverage: \$	Annual premium: \$	Benefit period:

Critical illness/disability insurance**1. Insurance company:**

Contact name:

Phone:

Coverage type/person insured:

Certificate/policy number:

Coverage: \$

Annual premium: \$

Benefit period:

Property insurance (home/auto/other)**1. Property description:**

Insurance company:

Contact name:

Phone:

Policy number:

Contract location:

2. Property description:

Insurance company:

Contact name:

Phone:

Policy number:

Contract location:

3. Property description:

Insurance company:

Contact name:

Phone:

Policy number:

Contract location:

Other coverage (e.g. mortgage, credit cards, etc.)**1. Insurance company:**

Coverage for:

Policy number:

Coverage: \$

Contract location:

2. Insurance company:

Coverage for:

Policy number:

Coverage: \$

Contract location:

12 › LOCATION OF OTHER IMPORTANT DOCUMENTS

Your birth certificate:

Spouse's or partner's birth certificate:

Children's birth certificates:

Marriage licence:

Medical records:

Physician's name:

Phone:

Physician's name:

Phone:

Citizenship and passport papers:

Income tax returns:

Custody/adoption papers:

Pre-nuptial/cohabitation papers:

Separation/divorce papers:

13 › YOUR FUNERAL AND WILL

Pre-planned funeral

Funeral home:

Contact name:

Phone:

Details

Cemetery plot:

Plot location:

Deed location:

Your Will

Date of last Will/Codicil:

Will location:

Lawyer:

Phone:

Address:

Executor(s)/trustee(s):

Phone:

Address:

Beneficiaries

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Will instructions/special clauses:

14 › YOUR SPOUSE'S OR PARTNER'S FUNERAL AND WILL

Your spouse's or partner's pre-planned funeral

Funeral home:

Contact name:

Phone:

Details

Cemetery plot:

Plot location:

Deed location:

Your spouse's or partner's Will

Date of last Will/Codicil:

Will location:

Lawyer:

Phone:

Address:

Executor(s)/trustee(s):

Phone:

Address:

Beneficiaries

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Will instructions/special clauses:

15 › POWER OF ATTORNEY

Power of Attorney	
Location:	Type:
Powers given to:	Phone:
Address:	
Lawyer:	Phone:
Address:	

Your spouse's or partner's Power of Attorney	
Location:	Type:
Powers given to:	Phone:
Address:	
Lawyer:	Phone:
Address:	

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