



FAMILY INVENTORY



RBC DOMINION SECURITIES INC. FINANCIAL PLANNING PUBLICATIONS

At RBC Dominion Securities Inc., we have been helping clients achieve their financial goals since 1901. Today, we are a leading provider of wealth management services, trusted by more than 500,000 clients globally.

Our services are provided through your personal Investment Advisor, who can help you address your various wealth management needs and goals. The Wealth Management Approach includes:

- › Accumulating wealth and growing your assets
- › Protecting your wealth using insurance or other solutions and managing risk
- › Converting your wealth to an income stream
- › Transferring wealth to your heirs and creating a legacy

In addition to professional investment advice, RBC Dominion Securities Inc. offers a range of services that address your various tax, estate and financial planning needs. One of these services is an extensive library of educational guides and bulletins covering a wide variety of planning topics. Please ask your Investment Advisor for more information about any of our services.

Please note that insurance products, and, in certain instances, financial planning services, are offered through RBC DS FS Financial Services Inc. Please refer to the back cover for additional information.

TABLE OF CONTENTS

1. Introduction	2
2. Personal Information	3
3. Professional Advisors	4
4. Location of Other Important Documents	5
5. Credit Information	6
6. Investment Information	7
7. Personal Assets	8
8. Real Estate and Pension Plans	9
9. Business Investments	10
10. Life Insurance	11
11. Other Insurance	12
Other Life Coverage	12
Health Insurance	12
Group Health Insurance	12
Private Disability Insurance	12
Critical Illness/Disability Insurance	13
Other Insurance	13
Property Insurance	13
12. Your Funeral and Will	14
Pre-planned Funeral	14
Your Will	14
Beneficiaries	14
13. Your Spouse's Will	15
Your Spouse's Will	15
Beneficiaries	15
14. Power of Attorney	16
Power of Attorney	16
Your Spouse's Power of Attorney	16
Notes	16

1 › INTRODUCTION



The Family Inventory has been designed to provide you with a comprehensive list of all information pertaining to your family's current financial status: personal information, assets, accounts, policies as well as legal and advisory contacts. You'll find it a useful reference when creating a financial plan. Completion of The Family Inventory is also the first step in developing your estate plan. An up-to-date Family Inventory will prove invaluable to your surviving heirs, executors, trustees and advisors as your estate is settled. Update this document whenever significant changes occur to your financial status.

2 › PERSONAL INFORMATION

Name: _____

Date Prepared: _____

Your Name: _____ **Date of Birth:** _____

S.I.N.: _____ **Place of Birth:** _____

Spouse's Name: _____ **Date of Birth:** _____

S.I.N.: _____ **Place of Birth:** _____

DEPENDENTS

Name: _____ **Date of Birth:** _____

S.I.N.: _____ **Place of Birth:** _____

Name: _____ **Date of Birth:** _____

S.I.N.: _____ **Place of Birth:** _____

Name: _____ **Date of Birth:** _____

S.I.N.: _____ **Place of Birth:** _____

Name: _____ **Date of Birth:** _____

S.I.N.: _____ **Place of Birth:** _____

3 > PROFESSIONAL ADVISORS

ACCOUNTANT

Name: _____ Firm: _____

Address: _____

Phone #: () _____ Fax #: () _____

LAWYER

Name: _____ Firm: _____

Address: _____

Phone #: () _____ Fax #: () _____

INVESTMENTS

Name: _____ Firm: _____

Address: _____

Phone #: () _____ Fax #: () _____

BANKING

Name: _____ Bank: _____

Address: _____

Phone #: () _____ Fax #: () _____

4 › LOCATION OF OTHER IMPORTANT DOCUMENTS

Your Birth Certificate:

Spouse's Birth Certificate:

Children's Birth Certificates:

Marriage Licence:

Medical Records:

Physician's Name:

Phone #: ()

Physician's Name:

Phone #: ()

Citizenship & Passport Papers:

Income Tax Returns:

Custody/Adoption Papers:

Pre-Nuptial/Cohabitation Papers:

Separation/Divorce Papers:

5 > CREDIT INFORMATION

Note: Include all bank liabilities — e.g. mortgage, credit line, demand loans, etc.

1. Name of Financial Institution:

Contact Name: _____ Phone #: () _____

Address: _____ Loan Amount \$: _____

Reference # and Loan Type: _____ Borrower: _____

2. Name of Financial Institution:

Contact Name: _____ Phone #: () _____

Address: _____ Loan Amount \$: _____

Reference # and Loan Type: _____ Borrower: _____

3. Name of Financial Institution:

Contact Name: _____ Phone #: () _____

Address: _____ Loan Amount \$: _____

Reference # and Loan Type: _____ Borrower: _____

BANK MACHINE CARDS

1. Issuer: _____ Card #: _____

2. Issuer: _____ Card #: _____

3. Issuer: _____ Card #: _____

CREDIT CARDS

1. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

2. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

3. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

4. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

6 › INVESTMENT INFORMATION

1. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

2. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

3. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

4. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

5. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

6. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

7. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

8. Firm:

Type:*

Ownership Type/Beneficiary:**

Account #:

Value \$:

*Include cash accounts, margin accounts, RSPs, RIFs, LIRAs, Locked-In RSPs, LIFs, LRFs, PRIFs, RESPs, annuities, etc.

**If a registered account indicate beneficiary. If 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, JEWELRY, ART, ETC.)

Item Description	Value \$	Location	Intended Beneficiary
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: _____ **Date of Purchase:** _____
Title Held By: _____ **Mortgage Held By:** _____
Deed Location: _____ **Purchase Price \$:** _____ **Current Market Value \$:** _____

OTHER PROPERTY

1. Address: _____ **Date of Purchase:** _____
Title Held By: _____ **Mortgage Held By:** _____
Deed Location: _____ **Purchase Price \$:** _____ **Current Market Value \$:** _____

2. Address: _____ **Date of Purchase:** _____
Title Held By: _____ **Mortgage Held By:** _____
Deed Location: _____ **Purchase Price \$:** _____ **Current Market Value \$:** _____

PENSION PLANS

1. Company Name: _____
Company Contact: _____ **Phone #: ()** _____
Plan Type:* _____ **Beneficiary:** _____

2. Company Name: _____
Company Contact: _____ **Phone #: ()** _____
Plan Type:* _____ **Beneficiary:** _____

* Defined Benefit; Money Purchase or Defined Contribution; DPSP; or Group RSP

9 › BUSINESS INVESTMENTS

PRIVATE CORPORATIONS

1. Company Name: _____

Type:*

% Interest Held:

Location of Documents: _____

Legal Counsel: _____

2. Company Name: _____

Type:*

% Interest Held:

Location of Documents: _____

Legal Counsel: _____

* sole proprietorship, partnership, corporation, etc.

10 > LIFE INSURANCE

INDIVIDUAL COVERAGE

1. Issuer:	Insured:
Agent's Name:	Phone #: ()
Insurance Type**:	Policy #:
Face Value \$: Cash Surrender Value \$:	Beneficiary:
Death Benefit:	Contract Location:
2. Issuer:	Insured:
Agent's Name:	Phone #: ()
Insurance Type**:	Policy #:
Face Value \$: Cash Surrender Value \$:	Beneficiary:
Death Benefit:	Contract Location:

GROUP COVERAGE

1. Issuer:	Insured:
Contact Name:	Phone #: ()
Insurance Type**:	Policy #:
Face Value \$: Cash Surrender Value \$:	Beneficiary:
Death Benefit:	Contract Location:
2. Issuer:	Insured:
Contact Name:	Phone #: ()
Insurance Type**:	Policy #:
Face Value \$: Cash Surrender Value \$:	Beneficiary:
Death Benefit:	Contract Location:

**Indicate if Term or Permanent coverage

11 > OTHER INSURANCE

OTHER LIFE COVERAGE (E.G. TRAVEL INSURANCE, CREDIT CARDS, ETC.)

Issuer: _____ Insured: _____
Insurance Type: _____ Policy #: _____
Death Benefit: _____ Contract Location: _____

HEALTH INSURANCE

Your Health Card #: _____ Location: _____
Spouse's Health Card #: _____ 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: _____ Coverage \$: _____ Benefit Period: _____

Annual Premium \$: _____ Policy #: _____

2. Insurance Company: _____

Contact Name: _____ Phone #: () _____

Coverage Type/Person Insured: _____ Coverage \$: _____ Benefit Period: _____

Annual Premium \$: _____ Policy #: _____

CRITICAL ILLNESS / DISABILITY INSURANCE**1. Insurance Company:**

Contact Name: _____	Phone #: () _____
---------------------	---------------------------

Certificate/Policy #: _____	Coverage Type/Person Insured: _____
-----------------------------	-------------------------------------

Coverage \$: _____	Benefit Period: _____	Annual Premium \$: _____
--------------------	-----------------------	--------------------------

2. Insurance Company:

Contact Name: _____	Phone #: () _____
---------------------	---------------------------

Certificate/Policy #: _____	Coverage Type/Person Insured: _____
-----------------------------	-------------------------------------

Coverage \$: _____	Benefit Period: _____	Annual Premium \$: _____
--------------------	-----------------------	--------------------------

OTHER INSURANCE (E.G. MORTGAGE, CREDIT CARDS, ETC.)**1. Insurance Company:**

Coverage for: _____	Policy #: _____
---------------------	-----------------

Coverage \$: _____	Contract Location: _____
--------------------	--------------------------

PROPERTY INSURANCE (HOME/AUTO/OTHER)**1. Property Description:**

Insurance Company: _____

Contact Name: _____	Phone #: () _____
---------------------	---------------------------

Policy #: _____	Contract Location: _____
-----------------	--------------------------

2. Property Description:

Insurance Company: _____

Contact Name: _____	Phone #: () _____
---------------------	---------------------------

Policy #: _____	Contract Location: _____
-----------------	--------------------------

3. Property Description:

Insurance Company: _____

Contact Name: _____	Phone #: () _____
---------------------	---------------------------

Policy #: _____	_____
-----------------	-------

12 › 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 › POWER OF ATTORNEY

POWER OF ATTORNEY

Location: _____ Type: _____

Powers Given to: _____ Phone #: () _____

Address: _____

Lawyer: _____ Phone #: () _____

Address: _____

YOUR SPOUSE'S POWER OF ATTORNEY

Location: _____ Type: _____

Powers Given to: _____ Phone #: () _____

Address: _____

Lawyer: _____ Phone #: () _____

Address: _____

NOTES

(please indicate any other pertinent information e.g. child support, any other outstanding debts, trusts, etc.)



For more information, speak with an Investment Advisor
from RBC Dominion Securities Inc.

Visit our website: www.rbcds.com



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