



# The Family Inventory



Compliments of The Wealth Management Team of:  
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Wealth  
Management

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# Introduction

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 including:

- 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 electronic copy and storing any printed copies in your safety deposit box.

## 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:
<b>Dependants</b>	
<b>Name:</b>	Date of birth:
Relation*:	Place of birth:
S.I.N.:	Phone:
Address:	
<b>Name:</b>	Date of birth:
Relation*:	Place of birth:
S.I.N.:	Phone:
Address:	
<b>Name:</b>	Date of birth:
Relation*:	Place of birth:
S.I.N.:	Phone:
Address:	
<b>Name:</b>	Date of birth:
Relation*:	Place of birth:
S.I.N.:	Phone:
Address:	

\*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 professional		
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	
<b>1. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number:	Account type*:
<b>2. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number:	Account type*:
<b>3. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number:	Account type*:
<b>4. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number:	Account type*:
Bank machine cards	
<b>1. Issuer:</b>	Card number:
<b>2. Issuer:</b>	Card number:
<b>3. Issuer:</b>	Card number:

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

## 5 > CREDIT INFORMATION

Loan accounts	
<b>1. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
<b>2. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
<b>3. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
<b>4. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
<b>5. Name of financial institution:</b>	<b>Name of contact:</b>
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$

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

CREDIT INFORMATION *continued*

Credit and other cards**	
<b>1. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>2. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>3. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>4. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>5. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>6. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>7. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>8. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>9. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$
<b>10. Issuer:</b>	Card number:
Expiry date:	Credit limit: \$

\*\* e.g. include gas cards, department store cards and point cards



## 6 › INVESTMENT INFORMATION

<b>1. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>2. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>3. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>4. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>5. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>6. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>7. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$

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

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

INVESTMENT INFORMATION *continued*

<b>8. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>9. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>10. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>11. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>12. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>13. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$
<b>14. Firm:</b>	
Account type*:	Account number:
Ownership type**:	Value: \$

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

\*\*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	Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$
21.		\$
22.		\$

PERSONAL ASSETS *continued*

Assets (e.g. cars, jewellery, art, etc.)		
Item description	Location	Value
23.		\$
24.		\$
25.		\$
26.		\$
27.		\$
28.		\$
29.		\$
30.		\$
31.		\$
32.		\$
33.		\$
34.		\$
35.		\$
36.		\$
37.		\$
38.		\$
39.		\$
40.		\$
41.		\$
42.		\$
43.		\$
44.		\$

## 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: \$

1. Other property address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$

2. Other property address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$

Pension plans	
1. Company name:	Company contact:
Phone:	Plan type* and value:
Location of documents:	
2. Company name:	Company contact:
Phone:	Plan type* and value:
Location of documents:	

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

## 9 › BUSINESS INVESTMENTS

Business	
<b>1. Business name:</b>	
Type*:	Percentage of interest held:
Location of documents:	
Legal counsel:	Accountant:
<b>2. Business name:</b>	
Type*:	Percentage of interest held:
Location of documents:	
Legal counsel:	Accountant:
<b>3. Business name:</b>	
Type*:	Percentage of interest held:
Location of documents:	
Legal counsel:	Accountant:
<b>4. Business name:</b>	
Type*:	Percentage of interest held:
Location of documents:	
Legal counsel:	Accountant:

\*Sole proprietorship, partnership, corporation, etc.

# 10 > DEBTS OWED TO ME

<b>1. Name:</b>	<b>Phone:</b>
Address:	
Amount owed: \$	Location of loan document:
<b>2. Name:</b>	<b>Phone:</b>
Address:	
Amount owed: \$	Location of loan document:
<b>3. Name:</b>	<b>Phone:</b>
Address:	
Amount owed: \$	Location of loan document:
<b>4. Name:</b>	<b>Phone:</b>
Address:	
Amount owed: \$	Location of loan document:
<b>5. Name:</b>	<b>Phone:</b>
Address:	
Amount owed: \$	Location of loan document:
<b>6. Name:</b>	<b>Phone:</b>
Address:	
Amount owed: \$	Location of loan document:
<b>7. Name:</b>	<b>Phone:</b>
Address:	
Amount owed: \$	Location of loan document:

Note: Include prescribed rate loans to your spouse and/or family trust, loans to your corporation or other personal loans.

# 11 > LIFE INSURANCE

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

\*Indicate if Term or Permanent coverage.



## 12 > OTHER COVERAGE

Health card number:	Location of card:
<b>Other life coverage (e.g. travel insurance, credit cards, etc.)</b>	
<b>1. Issuer:</b>	<b>Insured:</b>
Insurance type:	Policy number:
Death benefit:	Contract location:
<b>2. Issuer:</b>	<b>Insured:</b>
Insurance type:	Policy number:
Death benefit:	Contract location:
<b>Group health insurance</b>	
<b>1. Insurance company:</b>	
Contact name:	Phone:
Group:	Coverage for:
<b>2. Insurance company:</b>	
Contact name:	Phone:
Group:	Coverage for:

OTHER COVERAGE *continued*

Private disability insurance		
<b>1. Insurance company:</b>		
Contact name:		Phone:
Coverage type/person insured:		Policy number:
Coverage: \$	Annual premium: \$	Benefit period:
<b>2. Insurance company:</b>		
Contact name:		Phone:
Coverage type/person insured:		Policy number:
Coverage: \$	Annual premium: \$	Benefit period:
Critical illness/disability insurance		
<b>1. Insurance company:</b>		
Contact name:		Phone:
Coverage type/person insured:		Certificate/policy number:
Coverage: \$	Annual premium: \$	Benefit period:
Property insurance (home/auto/other)		
<b>1. Property description:</b>		
Insurance company:		
Contact name:		Phone:
Policy number:		Contract location:
<b>2. Property description:</b>		
Insurance company:		
Contact name:		Phone:
Policy number:		Contract location:

OTHER COVERAGE *continued*

<b>3. Property description:</b>	
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:

**3. Insurance company:**

Coverage for:	Policy number:
Coverage: \$	Contract location:

**4. Insurance company:**

Coverage for:	Policy number:
Coverage: \$	Contract location:

**5. Insurance company:**

Coverage for:	Policy number:
Coverage: \$	Contract location:

**6. Insurance company:**

Coverage for:	Policy number:
Coverage: \$	Contract location:

# 13 > LOCATION OF OTHER IMPORTANT DOCUMENTS

<b>Your birth certificate:</b>	
Your social insurance (S.I.N.) card:	
Spouse's or partner's birth certificate:	
Your spouse/partner's social insurance (S.I.N.) card:	
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:	
Driver's license:	
Bank machine cards:	
Pension plan documents:	
Credit and other cards:	
Stock certificates:	
Utilities:	
Other:	

# 14 › 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:	

  

Emergency contacts	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Notes:	

# 15 › 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:	

Emergency contacts	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Notes:	

# 16 > 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:	

# 17 > NOTES

## Notes

Please indicate any other pertinent information such as important user IDs and passwords (e.g. Facebook, LinkedIn, etc.), child support, any other outstanding debts, trusts, etc.



**Notes**

Please indicate any other pertinent information such as important user IDs and passwords (e.g. Facebook, LinkedIn, etc.), child support, any other outstanding debts, trusts, etc.

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- 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

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**Wealth  
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