

# Personal Record Keeper



|      |  |
|------|--|
| Name |  |
| Date |  |

Advisor Name

Approved Title

Dealer Name

Address Street

Address City, Province

Address Postal Code

Work Phone

Mobile

Email

Website

*Snapshots*<sup>TM</sup>



Take the time to document the important information in your life, such as your household accounts, savings and insurance plans, and who your professional advisors are. Not only is this a convenient way to keep a better handle on your personal and financial information, it also becomes an invaluable tool for your loved ones should anything happen to you.

Let your loved ones, including your Executor or Executrix, know where you will store this document so that they can easily find it when the time comes. It will help them navigate during a difficult period and ensure that your wishes are fulfilled.

This document is for your personal records only and should be kept secure at all times.



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## About me and my family

| Your information        |  |                        |  |
|-------------------------|--|------------------------|--|
| Name (Legal)            |  |                        |  |
| Address                 |  |                        |  |
| Phone                   |  | Cell                   |  |
| Email                   |  |                        |  |
| Date of birth           |  | Place of birth         |  |
| S.I.N.                  |  | Health card number     |  |
| Driver's licence number |  |                        |  |
| Spouse/Partner          |  |                        |  |
| Name (Legal)            |  |                        |  |
| Address                 |  |                        |  |
| Phone                   |  | Cell                   |  |
| Email                   |  |                        |  |
| Date of birth           |  | Place of birth         |  |
| S.I.N.                  |  | Health card number     |  |
| Driver's licence number |  |                        |  |
| Children                |  |                        |  |
| Name (Legal)            |  | Name (Legal)           |  |
| Address                 |  | Address                |  |
| Date of birth           |  | Date of birth          |  |
| Place of birth          |  | Place of birth         |  |
| S.I.N.                  |  | S.I.N.                 |  |
| Health card number      |  | Health card number     |  |
| Name (Legal)            |  | Name (Legal)           |  |
| Address                 |  | Address                |  |
| Date of birth           |  | Date of birth          |  |
| Place of birth          |  | Place of birth         |  |
| S.I.N.                  |  | S.I.N.                 |  |
| Health card number      |  | Health card number     |  |
| Grandchildren           |  |                        |  |
| Name                    |  | Name                   |  |
| Parents/Parents-in-law  |  | Parents/Parents-in-law |  |
| Address                 |  | Address                |  |
| Phone                   |  | Phone                  |  |
| Name                    |  | Name                   |  |
| Parents/Parents-in-law  |  | Parents/Parents-in-law |  |
| Address                 |  | Address                |  |
| Phone                   |  | Phone                  |  |

## Keeping things going

|  |  |       |  |
|--|--|-------|--|
| <b>Electricity/hydro provider</b>              |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Oil/gas provider</b>                        |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Water/sewer provider</b>                    |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Telephone and/or long distance provider</b> |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Internet provider</b>                       |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Security/alarm provider</b>                 |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Cell phone provider</b>                     |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Cable/satellite provider</b>                |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Newspaper/magazine</b>                      |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Home maintenance provider</b>               |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Club membership</b>                         |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |
| <b>Other</b>                                   |  |       |  |
| Company  |  |       |  |
| Account number                                 |  | Phone |  |

## What I own

| Savings and investments                               |  |                     |  |
|---|--|---------------------|--|
| Company   |  | Account             |  |
| Account type  |  | Individual or joint |  |
| Company   |  | Account             |  |
| Account type  |  | Individual or joint |  |
| Company   |  | Account             |  |
| Account type  |  | Individual or joint |  |
| Company   |  | Account             |  |
| Account type  |  | Individual or joint |  |
| Company   |  | Account             |  |
| Account type  |  | Individual or joint |  |
| Other investments (bonds, certificates, shares, etc.) |  |                     |  |
| Item  |  | Item                |  |
| Location  |  | Location            |  |
| Item  |  | Item                |  |
| Location  |  | Location            |  |
| Item  |  | Item                |  |
| Location  |  | Location            |  |
| Annuities   |  |                     |  |
| Issuing company                                       |  |                     |  |
| Phone   |  |                     |  |
| Policy  |  |                     |  |
| Location  |  |                     |  |
| Real estate   |  |                     |  |
| Residence   |  |                     |  |
| Address   |  |                     |  |
| Purchase date   |  | Purchase price      |  |
| Owner   |  |                     |  |
| Deed location   |  |                     |  |
| Mortgage  |  |                     |  |
| Company   |  |                     |  |
| Phone   |  |                     |  |
| Mortgage/Plan number                                  |  |                     |  |
| Document location                                     |  |                     |  |
| Property tax  |  |                     |  |
| Property number                                       |  |                     |  |
| Municipality  |  |                     |  |
| Phone   |  |                     |  |

|  |  |                |  |
|--|--|----------------|--|
| <b>Other property</b>  |  |                |  |
| Address  |  |                |  |
| Purchase date  |  | Purchase price |  |
| Owner  |  |                |  |
| Deed location  |  |                |  |
| <b>Mortgage</b>  |  |                |  |
| Company  |  |                |  |
| Phone  |  |                |  |
| Mortgage/Plan number   |  |                |  |
| Document location  |  |                |  |
| <b>Property tax</b>  |  |                |  |
| Property number  |  |                |  |
| Municipality   |  |                |  |
| Phone  |  |                |  |
| <b>Non-financial assets (car, art, equipment, jewellery, collectibles, etc.)</b> |  |                |  |
| Item   |  | Item           |  |
| Location   |  | Location       |  |
| Insured  |  | Insured        |  |
| Item   |  | Item           |  |
| Location   |  | Location       |  |
| Insured  |  | Insured        |  |
| Item   |  | Item           |  |
| Location   |  | Location       |  |
| Insured  |  | Insured        |  |
| Item   |  | Item           |  |
| Location   |  | Location       |  |
| Insured  |  | Insured        |  |
| Item   |  | Item           |  |
| Location   |  | Location       |  |
| Insured  |  | Insured        |  |

## My benefit plans

|  |  |           |  |
|--|--|-----------|--|
| <b>Pension plans (defined benefit, defined contribution, DPSP, Group RRSP)</b> |  |           |  |
| Company name   |  | Phone     |  |
| Plan number  |  | Plan type |  |
| Beneficiary  |  |           |  |
| Company name   |  | Phone     |  |
| Plan number  |  | Plan type |  |
| Beneficiary  |  |           |  |

|              |  |           |  |
|--------------|--|-----------|--|
| Company name |  | Phone     |  |
| Plan number  |  | Plan type |  |
| Beneficiary  |  |           |  |
| Company name |  | Phone     |  |
| Plan number  |  | Plan type |  |
| Beneficiary  |  |           |  |

### What I owe

|                                   |  |
|-----------------------------------|--|
| <b>Loan and/or line of credit</b> |  |
| Company                           |  |
| Address                           |  |
| Contact                           |  |
| Phone                             |  |
| Information/Details               |  |
| <b>Loan and/or line of credit</b> |  |
| Company                           |  |
| Address                           |  |
| Contact                           |  |
| Phone                             |  |
| Information/Details               |  |
| <b>Credit card</b>                |  |
| Company                           |  |
| Name on card                      |  |
| Card number                       |  |
| <b>Credit card</b>                |  |
| Company                           |  |
| Name on card                      |  |
| Card number                       |  |
| <b>Credit card</b>                |  |
| Company                           |  |
| Name on card                      |  |
| Card number                       |  |
| <b>Credit card</b>                |  |
| Company                           |  |
| Name on card                      |  |
| Card number                       |  |



## My insurance

|  |  |                   |  |
|--|--|-------------------|--|
| <b>Life insurance (term, whole, universal)</b>                         |  |                   |  |
| Company  |  |                   |  |
| Type   |  | Value             |  |
| Policy number  |  | Beneficiary       |  |
| Agent name   |  |                   |  |
| Phone  |  | Document location |  |
| <b>Life insurance (term, whole, universal)</b>                         |  |                   |  |
| Company  |  |                   |  |
| Type   |  | Value             |  |
| Policy number  |  | Beneficiary       |  |
| Agent name   |  |                   |  |
| Phone  |  | Document location |  |
| <b>Life insurance (term, whole, universal)</b>                         |  |                   |  |
| Company  |  |                   |  |
| Type   |  | Value             |  |
| Policy number  |  | Beneficiary       |  |
| Agent name   |  |                   |  |
| Phone  |  | Document location |  |
| <b>Health insurance (disability, critical illness, long-term care)</b> |  |                   |  |
| Company  |  |                   |  |
| Type   |  | Value             |  |
| Policy number  |  |                   |  |
| Agent name   |  |                   |  |
| Phone  |  | Document location |  |
| <b>Health insurance (disability, critical illness, long-term care)</b> |  |                   |  |
| Company  |  |                   |  |
| Type   |  | Value             |  |
| Policy number  |  |                   |  |
| Agent name   |  |                   |  |
| Phone  |  | Document location |  |
| <b>Health insurance (disability, critical illness, long-term care)</b> |  |                   |  |
| Company  |  |                   |  |
| Type   |  | Value             |  |
| Policy number  |  |                   |  |
| Agent name   |  |                   |  |
| Phone  |  | Document location |  |

|   |  |                   |  |
|---|--|-------------------|--|
| <b>Other insurance (home, auto, travel, mortgage, etc.)</b> |  |                   |  |
| Company   |  |                   |  |
| Type  |  | Value             |  |
| Policy number   |  |                   |  |
| Agent name  |  |                   |  |
| Phone   |  | Document location |  |
| <b>Other insurance (home, auto, travel, mortgage, etc.)</b> |  |                   |  |
| Company   |  |                   |  |
| Type  |  | Value             |  |
| Policy number   |  |                   |  |
| Agent name  |  |                   |  |
| Phone   |  | Document location |  |
| <b>Other insurance (home, auto, travel, mortgage, etc.)</b> |  |                   |  |
| Company   |  |                   |  |
| Type  |  | Value             |  |
| Policy number   |  |                   |  |
| Agent name  |  |                   |  |
| Phone   |  | Document location |  |
| <b>Other insurance (home, auto, travel, mortgage, etc.)</b> |  |                   |  |
| Company   |  |                   |  |
| Type  |  | Value             |  |
| Policy number   |  |                   |  |
| Agent name  |  |                   |  |
| Phone   |  | Document location |  |
| <b>Other insurance (home, auto, travel, mortgage, etc.)</b> |  |                   |  |
| Company   |  |                   |  |
| Type  |  | Value             |  |
| Policy number   |  |                   |  |
| Agent name  |  |                   |  |
| Phone   |  | Document location |  |

## My banking

|                     |  |                     |  |
|---------------------|--|---------------------|--|
| <b>Name of bank</b> |  |                     |  |
| Address             |  |                     |  |
| Personal contact    |  |                     |  |
| Phone               |  |                     |  |
| Type                |  | Type                |  |
| Account number      |  | Account number      |  |
| Individual or joint |  | Individual or joint |  |
| Type                |  | Type                |  |
| Account number      |  | Account number      |  |
| Individual or joint |  | Individual or joint |  |
| Name of bank        |  |                     |  |
| Address             |  |                     |  |
| Personal contact    |  |                     |  |
| Phone               |  |                     |  |
| Type                |  | Type                |  |
| Account number      |  | Account number      |  |
| Individual or joint |  | Individual or joint |  |
| Type                |  | Type                |  |
| Account number      |  | Account number      |  |
| Individual or joint |  | Individual or joint |  |
| Name of bank        |  |                     |  |
| Address             |  |                     |  |
| Personal contact    |  |                     |  |
| Phone               |  |                     |  |
| Type                |  | Type                |  |
| Account number      |  | Account number      |  |
| Individual or joint |  | Individual or joint |  |
| Type                |  | Type                |  |
| Account number      |  | Account number      |  |
| Individual or joint |  | Individual or joint |  |

## My advisors

|                           |  |          |  |
|---------------------------|--|----------|--|
| <b>Powers of attorney</b> |  |          |  |
| Location                  |  | Location |  |
| Attorney                  |  | Attorney |  |
| Address                   |  | Address  |  |
| Phone                     |  | Phone    |  |
| Email                     |  | Email    |  |
| Comments                  |  | Comments |  |

| <b>Spouse/Partner Powers of attorney</b> |  |          |  |
|--|--|----------|--|
| Location                                 |  | Location |  |
| Attorney                                 |  | Attorney |  |
| Address                                  |  | Address  |  |
| Phone                                    |  | Phone    |  |
| Email                                    |  | Email    |  |
| Comments                                 |  | Comments |  |
| <b>Lawyer(s)</b>                         |  |          |  |
| Name                                     |  | Name     |  |
| Firm                                     |  | Firm     |  |
| Address                                  |  | Address  |  |
| Phone                                    |  | Phone    |  |
| Email                                    |  | Email    |  |
| Comments                                 |  | Comments |  |
| <b>Accountant(s)</b>                     |  |          |  |
| Name                                     |  | Name     |  |
| Firm                                     |  | Firm     |  |
| Address                                  |  | Address  |  |
| Phone                                    |  | Phone    |  |
| Email                                    |  | Email    |  |
| Comments                                 |  | Comments |  |
| <b>Financial advisor(s)</b>              |  |          |  |
| Name                                     |  | Name     |  |
| Firm                                     |  | Firm     |  |
| Address                                  |  | Address  |  |
| Phone                                    |  | Phone    |  |
| Email                                    |  | Email    |  |
| Comments                                 |  | Comments |  |
| <b>Health-care provider(s)</b>           |  |          |  |
| Name                                     |  | Name     |  |
| Type                                     |  | Type     |  |
| Address                                  |  | Address  |  |
| Phone                                    |  | Phone    |  |
| Email                                    |  | Email    |  |
| Comments                                 |  | Comments |  |

## My business

|  |  |       |  |
|--|--|-------|--|
| Company name                                   |  |       |  |
| Proprietor<br>(sole, partnership, corporation) |  |       |  |
| Document location                              |  |       |  |
| Company name                                   |  |       |  |
| Proprietor<br>(sole, partnership, corporation) |  |       |  |
| Document location                              |  |       |  |
| My partner(s) name(s)                          |  |       |  |
| Address  |  |       |  |
| Phone  |  | Email |  |
| E-mail   |  |       |  |
| <b>Business banking information</b>            |  |       |  |
| Bank   |  |       |  |
| Address  |  |       |  |
| Contact  |  |       |  |
| Phone  |  | Email |  |
| <b>Landlord information/Lease agreements</b>   |  |       |  |
| Name   |  |       |  |
| Address  |  |       |  |
| Contact  |  |       |  |
| Phone  |  | Email |  |
| <b>Statements/Location</b>                     |  |       |  |
| Financial statements                           |  |       |  |
| Lease agreements                               |  |       |  |
| Incorporation documents                        |  |       |  |
| Tax returns                                    |  |       |  |
| Pension details                                |  |       |  |
| Insurance agreements                           |  |       |  |
| Stock options                                  |  |       |  |
| Outstanding contracts                          |  |       |  |
| Other  |  |       |  |

## Important documents

| Will  |  |                                |  |
|---|--|--------------------------------|--|
| Date of last Will   |  | Type of Will                   |  |
| Will location   |  |                                |  |
| Executor/Executrix/<br>Trustee  |  | Phone                          |  |
| Address   |  | Email                          |  |
| Spouse/Partner Will   |  |                                |  |
| Date of last Will   |  | Type of Will                   |  |
| Will location   |  |                                |  |
| Executor/Executrix/<br>Trustee  |  | Phone                          |  |
| Address   |  | Email                          |  |
| Valuable documents  |  |                                |  |
| Name of the person to<br>contact who is aware<br>of the location of your<br>important documents |  |                                |  |
| Relationship  |  | Phone                          |  |
| Funeral arrangements  |  |                                |  |
| For you   |  |                                |  |
| Name of funeral home  |  |                                |  |
| Address   |  |                                |  |
| Contact name  |  | Phone number                   |  |
| Have you pre-paid<br>your funeral?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount pre-paid<br>for funeral |  |
| Details of any<br>arrangements  |  |                                |  |
| For your spouse/partner   |  |                                |  |
| Name of funeral home  |  |                                |  |
| Address   |  |                                |  |
| Contact name  |  | Phone number                   |  |
| Have you pre-paid<br>your funeral?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount pre-paid<br>for funeral |  |
| Details of any<br>arrangements  |  |                                |  |
| Safety deposit box  |  |                                |  |
| Box 1 location  |  |                                |  |
| Box number  |  | Key location                   |  |
| Box 2 location  |  |                                |  |
| Box number  |  | Key location                   |  |

| Passport information        |  |                 |  |
|-----------------------------|--|-----------------|--|
| Passport No.                |  | Issuing country |  |
| Type                        |  |                 |  |
| Surname                     |  |                 |  |
| Given names                 |  |                 |  |
| Nationality                 |  |                 |  |
| Date of birth               |  | Sex             |  |
| Place of birth              |  |                 |  |
| Date of issue               |  | Date of expiry  |  |
| Spouse passport information |  |                 |  |
| Passport No.                |  | Issuing country |  |
| Type                        |  |                 |  |
| Surname                     |  |                 |  |
| Given names                 |  |                 |  |
| Nationality                 |  |                 |  |
| Date of birth               |  | Sex             |  |
| Place of birth              |  |                 |  |
| Date of issue               |  | Date of expiry  |  |

## Additional information

| Location of documents                   |  |
|---|--|
| Birth certificate                       |  |
| Spouse/Partner birth certificate        |  |
| Child's/Children's birth certificate(s) |  |
| Marriage certificate                    |  |
| Citizenship                             |  |
| Passport(s)                             |  |
| Medical records                         |  |
| Income tax returns                      |  |
| Banking records                         |  |
| Investment records                      |  |
| Loans                                   |  |
| Mortgages                               |  |
| Vehicle ownership(s)                    |  |
| Separation/Divorce papers               |  |
| Custody/Adoption records                |  |
| Other                                   |  |

| Important codes           |  |
|---------------------------|--|
| Home alarm code           |  |
| Computer passcodes        |  |
| Garage door code          |  |
| Business alarm code       |  |
| Business key location     |  |
| Cottage alarm code        |  |
| Cottage key location      |  |
| Key/Code to safe location |  |
| Other                     |  |

### Memberships

| Rewards/points cards   |  |                |  |
|--|--|----------------|--|
| I hold the following rewards/points cards (i.e. Air Miles, Aeroplan, HBC Rewards): |  |                |  |
| Type of card   |  | Account number |  |
| Name on card   |  | Expiry date    |  |
| Type of card   |  | Account number |  |
| Name on card   |  | Expiry date    |  |
| Type of card   |  | Account number |  |
| Name on card   |  | Expiry date    |  |
| Type of card   |  | Account number |  |
| Name on card   |  | Expiry date    |  |
| Type of card   |  | Account number |  |
| Name on card   |  | Expiry date    |  |



| Clubs and associations                 |  |                        |  |
|--|--|------------------------|--|
| Name                                   |  |                        |  |
| Address                                |  |                        |  |
| Phone number                           |  | Annual membership fees |  |
| Who belongs to this club/ association? | <input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner<br><input type="checkbox"/> My children | Death benefits         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name                                   |  |                        |  |
| Address                                |  |                        |  |
| Phone number                           |  | Annual membership fees |  |
| Who belongs to this club/ association? | <input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner<br><input type="checkbox"/> My children | Death benefits         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name                                   |  |                        |  |
| Address                                |  |                        |  |
| Phone number                           |  | Annual membership fees |  |
| Who belongs to this club/ association? | <input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner<br><input type="checkbox"/> My children | Death benefits         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name                                   |  |                        |  |
| Address                                |  |                        |  |
| Phone number                           |  | Annual membership fees |  |
| Who belongs to this club/ association? | <input type="checkbox"/> Me <input type="checkbox"/> My spouse/partner<br><input type="checkbox"/> My children | Death benefits         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Notes



