

INTAKE INFORMATION FORM — WILLS & POAS/ESTATE PLANNING

Date		Referred by	
Any reason for urgency? <input type="checkbox"/> No <input type="checkbox"/> Yes Details:			
Personal Information — <u>Client #1</u>			
Name (in full)			
Date of Birth		Place of Birth	
Citizenship		S.I.N.	
Father's place of birth?		Mother's place of birth?	
Address			Postal Code
Telephone Number		Email	
Occupation	Employer	Telephone	
Personal Information — <u>Client #2</u>			
Name (in full)			
Date of Birth		Place of Birth	
Citizenship		S.I.N.	
Father's place of birth?		Mother's place of birth?	
Address			Postal Code
Telephone Number		Email	
Occupation	Employer	Telephone	
Marital Status — Existing Wills — Health Issues			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law Date of Marriage/Cohabitation <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged		<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date of Separation/Divorce Separation Agreement /Court Order? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a will now?	Client #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	Client #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you on medication that affects your mood or thinking?	Client #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	Client #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you had a capacity — related diagnosis?	Client #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	Client #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Advisors			
Family Doctor		Accountant	
Financial Advisor			

Children and Grandchildren — Use back of page to provide details if you have more than 3 children

1.	Name	<u>Child of</u>	<u>Date of Birth</u>	<u>Marital Status –</u> <u>circle</u>
	Address	1/2/Both		S/M/CL/W/Sep.
		Place of Birth	Occupation:	
	Tel.	Notes		

His or her children (your grandchildren) — **please indicate step-children**

		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.

2.	Name	<u>Child of</u>	<u>Date of Birth</u>	<u>Marital Status –</u>
	Address	1/2/Both		S/M/CL/W/Sep.
		Place of Birth	Occupation	
	Tel.	Notes		

His or her children (your grandchildren) — **please indicate step-children**

		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.

3.	Name	<u>Child of</u>	<u>Date of Birth</u>	<u>Marital Status –</u>
	Address	1/2/Both		S/M/CL/W/Sep.
		Place of Birth	Occupation	
	Tel.	Notes		

His or her children (your grandchildren) — **please indicate step-children**

		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.
		1/2/Both		S/M/CL/W/Sep.

Other Dependents or Significant Family Members

ASSETS — Bank Accounts — Please give an estimate of the current balance

Institution and Account Number	Client #1	Client #2	Joint

GICs, Stocks, Bonds, Mutual Funds, Investment Accounts

Institution and Account Number	Client #1	Client #2	Joint

RRSPs and RRIFs

Institution and Account Number	Client #1	Client #2	Beneficiary

Personal Property — Household furnishings, vehicles, boats, jewellery, artworks, etc.

Description	Appraised?

Pets you wish to provide for?

Loans Receivable: Does anyone owe you money?

Details

Pension Plans

Institution	Client	Client #2	Beneficiary	Death Benefit?

Life Insurance

Institution, Policy Number, Type	Owner	Insured	Beneficiary	Death Benefit

Real Estate — please estimate the market value

Address/Legal Description	Client #1	Client #2	Joint/TIC?
1. Principal Residence			
Address			
Mortgage <input type="checkbox"/> No <input type="checkbox"/> Yes Estimated Mortgage Balance:			
2. Vacation Property			
Address			
Mortgage <input type="checkbox"/> No <input type="checkbox"/> Yes Estimated Mortgage Balance:			
Date Acquired:		Value:	
3. Other Property			
Address			
Mortgage <input type="checkbox"/> No <input type="checkbox"/> Yes Estimated Mortgage Balance			
Date Acquired:		Value:	
Business Interests			
Name and Address	Ownership Structure		Fair Market Value
	Sole Part. Corp.		
	Shareholder Agreement	No	Yes
Principal Shareholders/Partners			
Liabilities (other than mortgages listed above) — please estimate the current amount owing			
Institution/Creditor	Client #1	Client #2	Joint
Do you have any other assets? Please include assets you expect to acquire, such as an inheritance.			
Safe Deposit box? <input type="checkbox"/> No <input type="checkbox"/> Yes	Genetic Material? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Inheritance? <input type="checkbox"/> No <input type="checkbox"/> Yes	Power of Appointment? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Digital Assets? <input type="checkbox"/> No <input type="checkbox"/> Yes	Trust Interests <input type="checkbox"/> No <input type="checkbox"/> Yes		
U.S. Securities? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Notes:			