

MONEY FOR LIFE

Your personal information and Executor guide

Life's brighter under the sun



Your personal records – at your fingertips

It's important to let your loved ones know your wishes and plans. Sometimes it's difficult to talk about. This booklet can make it easier to share important information.

It will help those, like your Power of Attorney or Executor,* to locate all the documents and information they need if you're unable to do so yourself or after you die. Keep these important details up-to-date.

At the back of the booklet you'll find a quick and easy-to-follow reference for the person who will be handling your estate.

This document contains all information for a complete identity theft. Store this booklet containing sensitive and personal information in a safe place that is only accessible by people you intend to share it with.

Person 1

Name

Date

Age you hope to retire

Date of last booklet update

Person 2

Name

Date

Age you hope to retire

Date of last booklet update

* In this document, the term "Executor" will also refer to a liquidator in the province of Québec.

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- This section outlines the steps that your executor or family members can follow to ensure that all the details of your final arrangements are handled.

YOUR PERSONAL INFORMATION

- Personal information
- Medical information
- Important document numbers and location
- Location of other personal records
- Location of safety deposit boxes
- Bank accounts
- Credit cards

PERSONAL INFORMATION

Person 1

Your name _____

Birthdate (DD/MM/YY) _____

Address _____

Mobile phone & password _____

Home phone _____

Email _____

Password _____

Person 2

Your name _____

Birthdate (DD/MM/YY) _____

Address _____

Mobile phone & password _____

Home phone _____

Email _____

Password _____

PERSONAL INFORMATION

Person 1

Other
Website _____

Username _____

Password _____

Current employer
Company _____

Contact name _____

Phone _____

Dependants (this may include elderly relatives, child(ren) over and / or child(ren) under the age of 18)
Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Appointed guardians* (for minor children)
Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Person 2

Other
Website _____

Username _____

Password _____

Current employer
Company _____

Contact name _____

Phone _____

Dependants (this may include elderly relatives, child(ren) over and / or child(ren) under the age of 18)
Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Appointed guardians* (for minor children)
Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

* In Québec, guardians are referred to as tutors.

MEDICAL INFORMATION

Person 1

Blood type _____

Allergies _____

Medications

Other notes

Person 2

Blood type _____

Allergies _____

Medications

Other notes

IMPORTANT IDENTIFICATION DOCUMENTS, NUMBERS & LOCATION

Person 1

Person 2

<p>Social insurance number (serves as identification number for government plans)</p> <p>Number _____</p> <p>Location _____</p>	<p>Social insurance number (serves as identification number for government plans)</p> <p>Number _____</p> <p>Location _____</p>
<p>Birth certificate</p> <p>Number _____</p> <p>Location _____</p>	<p>Birth certificate</p> <p>Number _____</p> <p>Location _____</p>
<p>Marriage certificate</p> <p>Number _____</p> <p>Location _____</p>	<p>Marriage certificate</p> <p>Number _____</p> <p>Location _____</p>
<p>Citizenship certificate or permanent resident card</p> <p>Number _____</p> <p>Location _____</p>	<p>Citizenship certificate or permanent resident card</p> <p>Number _____</p> <p>Location _____</p>
<p>Driver's licence</p> <p>Number _____</p> <p>Location _____</p>	<p>Driver's licence</p> <p>Number _____</p> <p>Location _____</p>
<p>Health card</p> <p>Number _____</p> <p>Location _____</p>	<p>Health card</p> <p>Number _____</p> <p>Location _____</p>
<p>Passport</p> <p>Number _____</p> <p>Location _____</p>	<p>Passport</p> <p>Number _____</p> <p>Location _____</p>
<p>Secure certificate of Indian status</p> <p>Number _____</p> <p>Location _____</p>	<p>Secure certificate of Indian status</p> <p>Number _____</p> <p>Location _____</p>
<p>Income tax</p> <p>Location of income tax returns and receipts _____</p> <p>Accountant / Tax advisor name _____</p> <p>Address _____</p> <p>Phone _____</p>	<p>Income tax</p> <p>Location of income tax returns and receipts _____</p> <p>Accountant / Tax advisor name _____</p> <p>Address _____</p> <p>Phone _____</p>

LOCATION OF OTHER PERSONAL RECORDS (includes agreements involving matrimony, cohabitation, separation, divorce, shareholders, partnerships or documents pertaining to personal trusts)

Person 1

Person 2

<p>Document name _____</p> <p>Number _____</p> <p>Location _____</p>	<p>Document name _____</p> <p>Number _____</p> <p>Location _____</p>
<p>Document name _____</p> <p>Number _____</p> <p>Location _____</p>	<p>Document name _____</p> <p>Number _____</p> <p>Location _____</p>
<p>Document name _____</p> <p>Number _____</p> <p>Location _____</p>	<p>Document name _____</p> <p>Number _____</p> <p>Location _____</p>

LOCATION OF SAFETY DEPOSIT BOXES

Person 1

Person 2

<p>Location of safety deposit box _____</p> <p>Location of key _____</p> <p>Name, address, phone of others with access _____</p>	<p>Location of safety deposit box _____</p> <p>Location of key _____</p> <p>Name, address, phone of others with access _____</p>
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BANK ACCOUNTS (or accounts with trust companies, caisses populaires or credit unions)

Person 1

Person 2

Account

Account number _____

Bank / branch _____

Phone _____

Joint account holder _____

Joint account holder address _____

Joint account holder phone _____

Location of passbook / bank access card and monthly records _____

Website _____

Username _____

Password _____

Security response(s) _____

Bank representative _____

Phone _____

Account

Account number _____

Bank / branch _____

Phone _____

Joint account holder _____

Joint account holder address _____

Joint account holder phone _____

Location of passbook / bank access card and monthly records _____

Website _____

Username _____

Password _____

Security response(s) _____

Account

Account number _____

Bank / branch _____

Phone _____

Joint account holder _____

Joint account holder address _____

Joint account holder phone _____

Location of passbook / bank access card and monthly records _____

Website _____

Username _____

Password _____

Security response(s) _____

Bank representative _____

Phone _____

Account

Account number _____

Bank / branch _____

Phone _____

Joint account holder _____

Joint account holder address _____

Joint account holder phone _____

Location of passbook / bank access card and monthly records _____

Website _____

Username _____

Password _____

Security response(s) _____

CREDIT CARDS

Person 1

Person 2

Account

Type of Card / Issuing organization _____

Name on card _____

Card number _____

Card security number _____

Expiry date _____

Available limit _____

Customer service phone _____

Website _____

Username _____

Password _____

Security response(s) _____

Terms / other information _____

Location of records _____

Account

Type of Card / Issuing organization _____

Name on card _____

Card number _____

Card security number _____

Expiry date _____

Available limit _____

Customer service phone _____

Website _____

Username _____

Password _____

Security response(s) _____

Terms / other information _____

Location of records _____

Account

Type of Card / Issuing organization _____

Name on card _____

Card number _____

Card security number _____

Expiry date _____

Available limit _____

Customer service phone _____

Website _____

Username _____

Password _____

Security response(s) _____

Terms / other information _____

Location of records _____

Account

Type of Card / Issuing organization _____

Name on card _____

Card number _____

Card security number _____

Expiry date _____

Available limit _____

Customer service phone _____

Website _____

Username _____

Password _____

Security response(s) _____

Terms / other information _____

Location of records _____

Person 1

Person 2

Account

Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

Account

Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

Account

Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

Account

Type of Card / Issuing organization
Name on card
Card number
Card security number
Expiry date
Available limit
Customer service phone
Website
Username
Password
Security response(s)
Terms / other information
Location of records

EMERGENCY CONTACTS & HEALTH-CARE PROFESSIONALS



EMERGENCY CONTACTS

Person 1

Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company
Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company
Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company
Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company

Person 2

Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company
Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company
Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company
Contact name
Organization name / relationship
Address
City, province, postal code
Phone
Email
Company

HEALTH-CARE PROFESSIONALS

Person 1

Family doctor
Name
Phone
Dentist
Name
Phone
Pharmacist
Name
Phone
Health-care professionals / specialists
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone

Person 2

Family doctor
Name
Phone
Dentist
Name
Phone
Pharmacist
Name
Phone
Health-care professionals / specialists
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone
Specialty
Name
Phone

ESTATE PLANNING

Living will / Power of attorney

Wills

Trusteeships



LIVING WILL / POWER OF ATTORNEY

Person 1

Location of **living will** document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Location of **power of attorney** document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Lawyer

Address

City, province, postal code

Phone

Email

Person 2

Location of **living will** document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Location of **power of attorney** document

Last updated

Name of person appointed under power of attorney(s)

Address

City, province, postal code

Phone

Email

Lawyer

Address

City, province, postal code

Phone

Email

WILLS

Person 1

Location of will

Last updated

Lawyer / Notary
Address
City, province, postal code

Phone
Email

Executor name
Address
City, province, postal code

Phone
Email

If there are any other **written records of your wishes** regarding medical care (for example, organ donation card), please provide the location of these documents.

Person 2

Location of will

Last updated

Lawyer / Notary
Address
City, province, postal code

Phone
Email

Executor name
Address
City, province, postal code

Phone
Email

If there are any other **written records of your wishes** regarding medical care (for example, organ donation card), please provide the location of these documents.

TRUSTEESHIPS

Person 1

Trusteeship
Type of trust

Date trust was established

Co-trustees

Beneficiaries

Financial company
Address
City, province, postal code

Phone
Email

Location of documents

Assets being held in trust

Person 2

Trusteeship
Type of trust

Date trust was established

Co-trustees

Beneficiaries

Financial company
Address
City, province, postal code

Phone
Email

Location of documents

Assets being held in trust

* Québec residents will need to provide details about any mandate in case of incapacity or power of attorney. Use blank pages at the end of this booklet, if needed.

* In Québec, this is called "tutorship" or "curatorship". The representative is called "tutor" or "curator," as the case may be.

INSURANCE & INVESTMENTS I HAVE THROUGH MY EMPLOYER



LIFE INSURANCE - THROUGH MY EMPLOYER

Person 1

Workplace life insurance

Sponsor company / employer
 Plan administrator and phone

Carrier / insurer
 Carrier / insurer phone
 Group number
 Certificate number
 Name of insured
 Beneficiary
 Advisor name
 Location of documents
 Website
 Username
 Password

Policy type (for example, basic, optional, and accidental death and dismemberment)

Member ID
 Amount
 Name of insured
 Location of documents
 Expiry / Renewal date

Policy type

Member ID
 Amount
 Name of insured
 Location of documents
 Expiry / Renewal date

Policy type

Member ID
 Amount
 Name of insured
 Location of documents
 Expiry / Renewal date

Person 2

Workplace life insurance

Sponsor company / employer
 Plan administrator and phone

Carrier / insurer
 Carrier / insurer phone
 Group number
 Certificate number
 Name of insured
 Beneficiary
 Advisor name
 Location of documents
 Website
 Username
 Password

Policy type (for example, basic, optional, and accidental death and dismemberment)

Member ID
 Amount
 Name of insured
 Location of documents
 Expiry / Renewal date

Policy type

Member ID
 Amount
 Name of insured
 Location of documents
 Expiry / Renewal date

Policy type

Member ID
 Amount
 Name of insured
 Location of documents
 Expiry / Renewal date

HEALTH INSURANCE - THROUGH MY EMPLOYER

Person 1

Workplace health insurance

Sponsor company / employer

Plan administrator and phone

Carrier / insurer

Carrier / insurer phone

Group number

Certificate number

Name of insured

Advisor name

Location of documents

Website

Username

Password

Policy type (for example, short-term disability, salary continuance benefits, long-term disability, critical illness)

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Person 2

Workplace health insurance

Sponsor company / employer

Plan administrator and phone

Carrier / insurer

Carrier / insurer phone

Group number

Certificate number

Name of insured

Advisor name

Location of documents

Website

Username

Password

Policy type (for example, short-term disability, salary continuance benefits, long-term disability, critical illness)

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

Policy type

Member ID

Amount

Name of insured

Location of documents

Expiry / Renewal date

PENSION & SAVINGS - THROUGH MY EMPLOYER

Person 1

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Deferred profit sharing plan (DPSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Person 2

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Company pension plan (for example, registered pension plan – RPP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Deferred profit sharing plan (DPSP)

Company / employer

Company / employer phone

Carrier / financial institution

Carrier / financial institution phone

Group number

Certificate number

Location of documents

Website

Username

Password

Person 1

Employee profit sharing plan (EPSP)

Company / employer
Company / employer phone
Carrier / financial institution
Carrier / financial institution phone
Group number
Certificate number
Location of documents
Website
Username
Password

Group registered retirement savings plan (Group RRSP)

Company / employer
Company / employer phone
Carrier / financial institution
Carrier / financial institution phone
Group number
Certificate number
Location of documents
Website
Username
Password

Other

Company / employer
Company / employer phone
Carrier / financial institution
Carrier / financial institution phone
Group number
Certificate number
Location of documents
Website
Username
Password

Person 2

Employee profit sharing plan (EPSP)

Company / employer
Company / employer phone
Carrier / financial institution
Carrier / financial institution phone
Group number
Certificate number
Location of documents
Website
Username
Password

Group registered retirement savings plan (Group RRSP)

Company / employer
Company / employer phone
Carrier / financial institution
Carrier / financial institution phone
Group number
Certificate number
Location of documents
Website
Username
Password

Other

Company / employer
Company / employer phone
Carrier / financial institution
Carrier / financial institution phone
Group number
Certificate number
Location of documents
Website
Username
Password

INSURANCE & INVESTMENTS I OWN PERSONALLY



PERSONAL GENERAL INSURANCE (homeowners, automobile, etc.)

Person 1

Policy type (home insurance – primary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (home insurance – secondary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (automobile insurance)

Vehicle make and model

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Username

Password

Person 2

Policy type (home insurance – primary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (home insurance – secondary residence)

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Insured property

Location of documents

Website

Username

Password

Policy type (automobile insurance)

Vehicle make and model

Representative

Rep phone

Rep email

Company

Company phone

Policy number

Location of documents

Website

Username

Password

PERSONAL LIFE INSURANCE

Person 1

Individual life insurance

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

Person 2

Individual life insurance

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

Policy type (for example, term, universal life, permanent, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Amount

Name of insured

Beneficiary

Location of documents

Website

Username

Password

PERSONAL HEALTH INSURANCE

Person 1

Person 2

Individual health insurance

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

Individual health insurance

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

Policy type (for example, critical illness, long-term care, personal health, etc.)

Advisor / representative

Advisor / rep phone

Advisor / rep email

Company

Company phone

Policy number

Name of insured

Location of documents

Website

Username

Password

PERSONAL INVESTMENTS – NON-REGISTERED (GICs, mutual funds, etc.)

Person 1

Person 2

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Investment type

Representative

Rep phone

Rep email

Company

Company phone

Account number

Location of documents

Website

Username

Password

Person 1

Person 2

Investment type

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Investment type

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Investment type

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Investment type

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Investment type

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Investment type

Representative _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Person 1

Person 2

Registered retirement savings plan (RRSP)

Representative / Institution _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Beneficiary _____

Beneficiary phone _____

Registered retirement savings plan (RRSP)

Representative / Institution _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Beneficiary _____

Beneficiary phone _____

LIRA or other locked in plans

Representative / Institution _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Beneficiary _____

Beneficiary phone _____

Registered retirement savings plan (RRSP)

Representative / Institution _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Beneficiary _____

Beneficiary phone _____

Registered retirement savings plan (RRSP)

Representative / Institution _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Beneficiary _____

Beneficiary phone _____

LIRA or other locked in plans

Representative / Institution _____

Rep phone _____

Rep email _____

Company _____

Company phone _____

Account number _____

Location of documents _____

Website _____

Username _____

Password _____

Beneficiary _____

Beneficiary phone _____

PERSONAL SAVINGS PLANS - REGISTERED (continued)

Person 1

Person 2

Tax-free savings account (TFSA)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Tax-free savings account (TFSA)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Registered education savings plan (RESP)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Registered education savings plan (RESP)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Other savings plan

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Other savings plan

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

INCOME PLANS

Person 1

Person 2

Canada Pension Plan (CPP)*

CPP number _____
 Location of documents _____

Old Age Security (OAS)*

OAS number _____
 Location of documents _____

Guaranteed Income Supplement (GIS) or other government income

Income type _____
 Contact name _____
 Contact phone _____

Life income fund (LIF)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Annuities

Type of annuity _____
 Representative _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Policy number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Canada Pension Plan (CPP)*

CPP number _____
 Location of documents _____

Old Age Security (OAS)*

OAS number _____
 Location of documents _____

Guaranteed Income Supplement (GIS) or other government income

Income type _____
 Contact name _____
 Contact phone _____

Life income fund (LIF)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Annuities

Type of annuity _____
 Representative _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Policy number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

* See page 58 for government agency contact phone numbers; QPP for the Québec residents.

Person 1

Person 2

Registered retirement income fund (RRIF)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Registered retirement income fund (RRIF)

Representative _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Notes

Registered retirement income fund (RRIF)

Representative / Institution _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Registered retirement income fund (RRIF)

Representative _____
 Rep phone _____
 Rep email _____
 Company _____
 Company phone _____
 Account number _____
 Location of documents _____
 Website _____
 Username _____
 Password _____
 Beneficiary _____
 Beneficiary phone _____

Notes

DEBTS / LIABILITIES

Vehicle lease / loan

Real estate

Other secured debts

Other unsecured debts



Note: When you pass away, many sources of income cease or become payable to a beneficiary. It is important that your executor notify the issuers of these income products promptly.

VEHICLE LEASE / LOAN

Person 1

Vehicle lease / loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Website _____

Username _____

Password _____

Vehicle lease / loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Website _____

Username _____

Password _____

Vehicle lease / loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Website _____

Username _____

Password _____

Person 2

Vehicle lease / loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Website _____

Username _____

Password _____

Vehicle lease / loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Website _____

Username _____

Password _____

Vehicle lease / loan

Vehicle _____

Lender _____

Phone _____

Is your debt life insured? (include details) _____

Location of documents _____

Website _____

Username _____

Password _____

REAL ESTATE - PRIMARY RESIDENCE

Person 1

Primary residence

Full address (include lot, concession and county if applicable) _____

Sole owner Owner with someone else

If outside of Québec, is the property registered as:

Joint tenant (property will pass to the surviving joint owner upon death)

Tenant in common (share will be distributed according to will)

Co-owner _____

Co-owner address _____

Co-owner phone _____

Location of deeds, surveys, property tax receipts, leases _____

Rental property Yes No

Mortgage(s)

Lender _____

Address of mortgage provider _____

City, province, postal code _____

Phone _____

Email _____

Location of documents _____

Website _____

Username _____

Password _____

Mortgage(s)

Lender _____

Address of mortgage provider _____

City, province, postal code _____

Phone _____

Email _____

Location of documents _____

Website _____

Username _____

Password _____

Person 2

Primary residence

Full address (include lot, concession and county if applicable) _____

Sole owner Owner with someone else

If outside of Québec, is the property registered as:

Joint tenant (property will pass to the surviving joint owner upon death)

Tenant in common (share will be distributed according to will)

Co-owner _____

Co-owner address _____

Co-owner phone _____

Location of deeds, surveys, property tax receipts, leases _____

Rental property Yes No

Mortgage(s)

Lender _____

Address of mortgage provider _____

City, province, postal code _____

Phone _____

Email _____

Location of documents _____

Website _____

Username _____

Password _____

Mortgage(s)

Lender _____

Address of mortgage provider _____

City, province, postal code _____

Phone _____

Email _____

Location of documents _____

Website _____

Username _____

Password _____

REAL ESTATE - SECONDARY RESIDENCE

Person 1

Secondary residence
Full address (include lot, concession and county if applicable)

 Sole owner Owner with someone else
If outside of Québec, is the property registered as:
 Joint tenant (property will pass to the surviving joint owner upon death)
 Tenant in common (share will be distributed according to will)

Co-owner
Co-owner address

Co-owner phone
Location of deeds, surveys, property tax receipts, leases

Rental property Yes No

Mortgage(s)
Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Mortgage(s)
Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Person 2

Secondary residence
Full address (include lot, concession and county if applicable)

 Sole owner Owner with someone else
If outside of Québec, is the property registered as:
 Joint tenant (property will pass to the surviving joint owner upon death)
 Tenant in common (share will be distributed according to will)

Co-owner
Co-owner address

Co-owner phone
Location of deeds, surveys, property tax receipts, leases

Rental property Yes No

Mortgage(s)
Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

Mortgage(s)
Lender

Address of mortgage provider

City, province, postal code

Phone

Email

Location of documents

Website

Username

Password

OTHER SECURED DEBTS

Person 1

Other secured debt (please describe)
Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Person 2

Other secured debt (please describe)
Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

OTHER UNSECURED DEBTS

Person 1

Other unsecured debt (please describe)
Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

Person 2

Other unsecured debt (please describe)
Lender

Phone

Is your debt life insured? (include details)

Collateral

Location of documents

Lender

Phone

Is your debt life insured? (include details)

Location of documents

EXPENSES & SUBSCRIPTIONS

Monthly / Yearly expenses and subscriptions



MONTHLY / YEARLY EXPENSES AND SUBSCRIPTIONS

Person 1

Cable

Company

Account number

Phone

Location of records

Website

Username

Password

Internet

Company

Account number

Phone

Location of records

Website

Username

Password

Telephone

Company

Account number

Phone

Location of records

Website

Username

Password

Cell phone

Company

Account number

Phone

Location of records

Website

Username

Password

Person 2

Cable

Company

Account number

Phone

Location of records

Website

Username

Password

Internet

Company

Account number

Phone

Location of records

Website

Username

Password

Telephone

Company

Account number

Phone

Location of records

Website

Username

Password

Cell phone

Company

Account number

Phone

Location of records

Website

Username

Password

Person 1

Person 2

<p>Newspaper</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Gym membership</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Magazine subscriptions</p> <p>Company #1 _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Company #2 _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p>	<p>Newspaper</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Gym membership</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Magazine subscriptions</p> <p>Company #1 _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Company #2 _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p>
--	--

Person 1

Person 2

<p>Hydro</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Utilities</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Location of records _____</p> <p>Other</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Other</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p>	<p>Hydro</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Utilities</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Location of records _____</p> <p>Other</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p> <p>Other</p> <p>Company _____</p> <p>Account number _____</p> <p>Phone _____</p> <p>Location of records _____</p> <p>Website _____</p> <p>Username _____</p> <p>Password _____</p>
---	---

OTHER

Social media and cloud storage footprint

Places of worship

Other information (valuable items, jewelry, artwork)

Clubs / Associations / Charities



SOCIAL MEDIA AND CLOUD STORAGE FOOTPRINT

Person 1

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Person 2

Website / App

Email

Username

Password

Website / App

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Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

Website / App

Email

Username

Password

PLACES OF WORSHIP

Person 1

Person 2

<p>Place of worship</p> <p>Name _____</p> <p>Contact _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Place of worship</p> <p>Name _____</p> <p>Contact _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>
---	---

OTHER INFORMATION (for example, jewellery, artwork, etc.) **Note:** This may also include valuable items not in the home that are on loan. Remember to include the location and contact information for these pieces.

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

CLUBS / ASSOCIATIONS / CHARITIES

Person 1

Person 2

<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>
<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>
<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>
<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Club / association / charity</p> <p>Name _____</p> <p>Account number _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p>

FUNERAL ARRANGEMENTS



PRE-PLANNED FUNERAL DETAILS

Person 1

Funeral home _____
Address _____

Phone _____
Email _____
Location of cemetery plot or niche _____

Location of deed _____

Funeral arrangements have been pre-purchased
 Yes No

Person 2

Funeral home _____
Address _____

Phone _____
Email _____
Location of cemetery plot or niche _____

Location of deed _____

Funeral arrangements have been pre-purchased
 Yes No

ADDITIONAL DETAILS There is more room in the "Notes" section at the back of the booklet.

Person 1

Person 2

ASSEMBLE IMPORTANT DOCUMENTS

Some people file important documents in desk drawers, kitchen cupboards or even bedroom dressers. Others keep them in safety deposit boxes. You may be able to access the deceased's safety deposit box to search for the will before probate is obtained. This is done in the presence of a bank official and nothing else can be removed until the will is probated or verified.

If the deceased filed all their important documents in one location or completed the sections of this booklet, you should be able to find all you need quickly.

You may need to find the following important documents:

- the will
- birth certificate
- marriage certificate
- separation or divorce agreement
- social insurance number
- health card
- driver's licence
- passport
- citizenship card
- permanent resident card
- secure certificate of Indian status
- business agreements or contracts
- automobile registration
- recent income tax returns
- life insurance policies
- disability insurance policies
- general insurance policies
- bank books or statements
- employment group benefits statements
- stock certificates or bonds
- investment certificates
- notes receivable or payable
- real estate deeds
- mortgage papers
- trust documents

One document you'll need is a statement of death. Copies of this statement are issued by the funeral director. Along with birth and marriage certificates, a statement of death will be required by the insurance company and government agencies when submitting claims.

An official death certificate is not automatically issued. You must apply to the government of the province in which the deceased resided or, if they resided in Québec, to the Directeur de l'état civil.

! DO NOT DISCARD DOCUMENTS

If you find documents that seem to be out-dated or irrelevant, do not discard them.

- Check with your legal advisor and your accountant to verify whether the documents are important.
- Contact the companies associated with the documents to determine their significance.
- Remember that income tax returns should be held for seven years.

NOTIFY AFFECTED PARTIES

All affected parties should be notified of the death as soon as possible to avoid the need for you or the parties to return payments made after the death.

Information you'll need

In addition to the important documents listed on the previous page, you may need the following information when contacting some of the parties mentioned in this section:

- social insurance number of surviving spouse or partner
- proof of age of surviving spouse or partner
- death certificate (from the provincial government)
- proof of age of any children eligible to receive government or employment-related benefits
- proof of full-time attendance at school or university for children between the ages of 18 and 25 – required for CPP

CONTACT A LEGAL ADVISOR AND ACCOUNTANT

If a legal advisor hasn't been named in the deceased's will, contact your own legal advisor to help you settle the estate. Even the smallest estate may need competent legal and tax advice to:

- determine whether a will must be proven valid (probated) or verified,*
- discuss the guardian(s) in place for any minor children,
- assist with the distribution of assets,
- explain the procedures required if there is no will,
- co-ordinate any transfers of ownership, and
- file the deceased's final income tax return and obtain an estate clearance certificate.

IMPORTANT NOTE

It's your responsibility as executor to ensure that the home and all assets are covered by up-to-date insurance. You can work with a licensed broker or an insurance company to make sure the correct coverage is in place. This insurance will help protect you, the executor, from being liable for any physical losses to the assets before they're distributed.

* In Québec, notarial wills do not have to be probated.

CONTACT THE LIFE INSURANCE ADVISOR

For details, please refer to the “Insurance & Investments I Own Personally” section, beginning on page 27.

Life insurance policies that insured the deceased person’s life may help alleviate some of the financial strain of the beneficiaries by providing immediate funds.

Special procedures will be necessary if the beneficiary is:

- a minor, or
- legally incompetent.

If the estate has been designated as beneficiary, the life insurance money will be paid to the estate and then distributed according to the terms of the will. If there is no will, an estate administrator (or in Québec, a liquidator) will need to be appointed to distribute the assets according to provincial law.

Contact the life insurance advisor or the nearest office of the life insurance company for further details, to obtain the proper forms and to arrange for any advance payment.

You’ll need the following information to help settle life insurance claims quickly:

- statement of death
- claim statement (provided by the insurance advisor and completed by the person legally entitled to receive the proceeds)
- policy or policies (if you can’t find them, the insurance advisor should have a record)
- proof of age of deceased (if not on file)
- marriage certificate of deceased (if applicable)

Note: Additional information may be requested by the insurance advisor to clarify which benefits are payable.

CONTACT THE INVESTMENT ADVISOR

For details, please refer to the “Insurance & Investments I Own Personally” section, beginning on page 27.

You’ll want to contact the advisor to discuss any registered and non-registered investments the deceased person may have in order to determine how to handle each account. The advisor will be able to provide you with information on:

- how to close or transfer any accounts,
- the beneficiaries listed for each, and
- balances for any accounts.

If the deceased was retired and receiving pensions, contact the appropriate companies or organizations to report the death and make any necessary arrangements.

CONTACT THE EMPLOYER OR BUSINESS ASSOCIATES

Be sure to inform all current employers (page 8) and business associates of the death as soon as possible. It’s vital that you speak with a human resources person and ask the following questions:

- Is there a pension fund?
- Are there any group insurance or other benefits owing?
- Is there any salary, vacation pay, expense reimbursements or other amounts owing but not yet paid?
- Are there any unpaid commissions?
- Is there any disability income owing?
- Are there any service recognition awards?

If the deceased was a long-term employee in any other company, determine whether there are any lump-sum or survivor benefits.

CONTACT GOVERNMENT AGENCIES

Contact information is current as of June 2019.

Call Service Canada for CPP and OAS, at:

- 1 800 277-9914 for service in English
- 1 800 277-9915 for service in French
- 1 800 255-4786 for people with hearing loss (English and French)

In Québec, contact the QPP offices (Retraite Québec) at:

- 418 643-5185 if you're in Québec Region
- 514 873-2433 if you're in Montreal Region
- 1 800 463-5185 (toll free) if you're elsewhere in Québec
- 1 800 603-3540 for people with hearing loss (TTY)

For more information, visit the Retraite Québec website at retraiteQuebec.gouv.qc.ca.

If the deceased was receiving any CPP, QPP, OAS or GIS payments at the time of death then:

- government cheques for the month in which the death occurred may be transacted even if received after death, but
- government cheques received in the month following the death must be returned.

There is a death benefit from CPP and QPP. If the deceased had contributed to one of these plans, the following could apply:

- a lump-sum death benefit payable to the estate,
- periodic payments to the surviving spouse or common-law partner, or
- periodic payments for dependent children up to age 18 or, for CPP only, to age 25 if they're full-time students.

It's important to apply for this benefit as soon as possible. Back payments can be made for up to 12 months only.

For more information, visit the Government of Canada website at Canada.ca.

SOME OF THE OTHER FEDERAL BENEFITS MAY INCLUDE:

- **Veteran's pension** – If the deceased was a veteran, contact the nearest branch of Veterans Affairs Canada to determine whether a benefit is available. They may have been receiving a veteran's disability pension or you may be able to apply for a benefit if the deceased is considered eligible. Benefits will vary depending on whether the death was from a service-related cause.
- **Employment Insurance (EI)** – If the deceased was receiving EI benefits at the time of death, contact Service Canada or visit the Canada.ca website. Any cheques payable to the deceased during the normal reporting period (usually two weeks pay) will be paid, but there will be no further benefits.
- **Workers' compensation** – If the deceased was receiving a pension from Workplace Safety and Insurance Board, Workers' Compensation Board or Commission de la santé et de la sécurité du travail (CSST) at the time of death, contact the office nearest you. The surviving family may be eligible for survivor benefits and possibly dependent children benefits.
- **International benefits** – If the deceased lived or worked in another country, then the surviving family may be eligible to receive benefits either from that country or from the Government of Canada. You'll want to contact the International Benefits office to further discuss Canada's International Social Security Agreement and to determine which countries offer this program.
- **Allowance for the survivor** – This benefit is through OAS and is for the surviving spouse of the deceased. The benefit will provide monthly non-taxable benefits to eligible low-income widows / widowers (only if they have not become eligible for OAS yet - OAS is restricted to those between 60 and 64).
- **Funeral, burial and gravemarking assistance** – Through Veterans Affairs Canada Funeral and Burial Program, surviving family may be eligible to receive benefits to help fund the funeral and burial services if the deceased was a veteran or disability pensioner. To find out more, contact your local Last Post Fund provincial office.
- **Estates program for deceased person** – This program will provide those who are eligible with help for the administration of the estates for the deceased, for First Nation individuals who were residents on a reserve prior to their death. For more information on this program, talk to your local Indigenous and Northern Affairs Canada office.

Questions? We're here to help.

Talk to your advisor about Sun Life today.

For more information and resources, visit www.sunlife.ca
or call 1-877-SUN-LIFE (1-877-786-5433)