



CLIENT INTAKE FORM - WILLS & POWERS OF ATTORNEY

| | | | |
|---|-----------|---|--|
| DATE: | | | |
| Reason for updating Will/POA: | | | |
| PERSONAL INFORMATION CLIENT # 1 | | | |
| Full Legal Name: | | | |
| Date of Birth | | Place of Birth | |
| Citizenship: | | SIN: | |
| Address: | | | |
| Phone: | | Email: | |
| Occupation: | Employer: | Address & Phone: | |
| PERSONAL INFORMATION CLIENT # 2 | | | |
| Full Legal Name: | | | |
| Date of Birth: | | Place of Birth: | |
| Citizenship: | | SIN: | |
| Address: | | | |
| Phone: | | Email: | |
| Occupation: | Employer: | Address & Phone: | |
| Marital Status --- Existing Wills | | | |
| Client # 1 | | Client # 2 | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law Date of Marriage/Cohabitation: <input type="checkbox"/> Widowed <input type="checkbox"/> Estranged <input type="checkbox"/> Separated <input type="checkbox"/> Divorce Date of Separation or Divorce: Separation Agreement/Court Order <input type="checkbox"/> yes <input type="checkbox"/> no | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law Date of Marriage/Cohabitation: <input type="checkbox"/> Widowed <input type="checkbox"/> Estranged <input type="checkbox"/> Separated <input type="checkbox"/> Divorce Date of Separation or Divorce: Separation Agreement/Court Order <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Do you have a will <input type="checkbox"/> yes <input type="checkbox"/> no | | Do you have a will <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Have you had a capacity related diagnosis? <input type="checkbox"/> yes <input type="checkbox"/> no | | Have you had a capacity related diagnosis? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| ADVISORS | | | |
| Accountant: | | | |
| Financial Advisor: | | | |

| CHILDREN and GRANDCHILDREN [use back of page if you more than 3 children] | | | |
|--|-------------------------|-----------------------------------|-----------------|
| 1. Child's Name: | Child of: [1/2 or both] | Date of Birth: Place of Birth: | Marital Status: |
| His or her children (Grandchildren): | Child of: [1/2 or both] | Date of Birth: Place of Birth: | Marital Status: |
| a. | | | |
| b. | | | |
| c. | | | |
| 2. Child's Name: | Child of: [1/2 or both] | Date of Birth: Place of Birth: | Marital Status: |
| His or her children (Grandchildren): | Child of: [1/2 or both] | Date of Birth: Place of Birth: | Marital Status: |
| a. | | | |
| b. | | | |
| c. | | | |
| 3. Child's Name: | Child of: [1/2 or both] | Date of Birth: Place of Birth: | Marital Status: |
| His or her children (Grandchildren): | Child of: [1/2 or both] | Date of Birth: Place of Birth: | Marital Status: |
| a. | | | |
| b. | | | |

| | | | |
|----|--|--|--|
| c. | | | |
|----|--|--|--|

ASSETS

| Bank: Account Number | Client #1 | Client #2 | Jointly held? |
|-------------------------|-----------|-----------|---------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

GICs, Stocks, Bonds, Mutual Funds, Investments

| Institution and Account number | Client # 1 | Client # 2 | Jointly held? |
|--------------------------------|------------|------------|---------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

RRSPS, RRIF, RDSPS

| Institution and Account number | Client # 1 | Client # 2 | Jointly held? |
|--------------------------------|------------|------------|---------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

Personal Property – Household Furnishings, vehicles, boats, jewellery, artwork etc.

| | |
|--------------|---------------------------------|
| Description: | Value (Estimated or Appraised?) |
| | |

Pets:

Loans or Receivables

| Debtor | Amount | Terms |
|--------|--------|-------|
| | | |

Pension Plans

| Institution | Client # 1 | Client # 2 | Beneficiary | Death Benefit? |
|-------------|------------|------------|-------------|----------------|
| | | | | |
| | | | | |

Life Insurance

| Institution, Policy #, Type | Owner | Insured | Beneficiary | Death Benefit? |
|-----------------------------|-------|---------|-------------|----------------|
| | | | | |

| | | | |
|--|-------------------------|---|--|
| | | | |
| Real Estate – Please estimate the market Value | | | |
| Address and Location | Client #1 | Client # 2 | Manner of Ownership Matrimonial Home? |
| | | | |
| | | | |
| | | | |
| Business Interests | | | |
| Name: | Ownership Structure | Estimate FMV | |
| | Sole/Partnership/ Corp. | | |
| | | Shareholders Agreement <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Shareholders/Partners | | | |
| Liabilities (other than Mortgages) | | | |
| Institution/Creditor | Client # 1 | Client # 2 | Joint? |
| | | | |
| | | | |
| Do you have other assets? E.g. Safe deposit box, inheritance, digital assets, U.S. Securities, Trust Interests, Genetic Material... | | | |
| | | | |

SPECIFIC INSTRUCTIONS FOR CLIENT #1

Executor/Trustee (who will be responsible for administering your estate):

Primary:

Alternates:

Bequests, if any (specific gifts to named beneficiaries):

Residual Beneficiaries (who you will leave the remainder of your estate):

Do any of the beneficiaries have special needs, or rely on ODSP?

How you wish to divide your estate to your beneficiaries (for example, in equal shares):

Specific exclusions (are you excluding anyone under your will, and why?):

Guardian (for minor children in the event of death):

Primary:

Alternate:

Power of Attorney for Property

Primary:

Alternate:

Power of Attorney for Personal Care

Primary:

Alternate:

SPECIFIC INSTRUCTIONS FOR CLIENT #2

Executor/Trustee (who will be responsible for administering your estate):

Primary:

Alternates:

Bequests, if any (specific gifts to named beneficiaries):

Residual Beneficiaries (who you will leave the remainder of your estate):

Do any of the beneficiaries have special needs, or rely on ODSP?

How you wish to divide your estate to your beneficiaries (for example, in equal shares):

Specific exclusions (are you excluding anyone under your will, and why?):

Guardian (for minor children in the event of death):

Primary:

Alternate:

Power of Attorney for Property

Primary:

Alternate:

Power of Attorney for Personal Care

Primary:

Alternate:

Questions/Notes: