

Snapshots™



PERSONAL RECORD KEEPER

Name	<input type="text"/>
Date	<input type="text"/>

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.

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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.

ABOUT ME AND MY FAMILY

Your information			
Name (Legal)			
Address			
Phone		Cell	
Email			
Fax			
Date of birth		Place of birth	
S.I.N.		Health card number	
Driver's licence number			
Spouse/Partner			
Name (Legal)			
Address			
Phone		Cell	
Email			
Fax			
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

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

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

Pension plans (defined benefit, defined contribution, DPSP, Group RRSP)			
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

Loan and/or line of credit	
Company	
Address	
Contact	
Phone	
Information/Details	
Loan and/or line of credit	
Company	
Address	
Contact	
Phone	
Information/Details	
Credit card	
Company	
Name on card	
Card number	
Credit card	
Company	
Name on card	
Card number	
Credit card	
Company	
Name on card	
Card number	
Credit card	
Company	
Name on card	
Card number	

MY INSURANCE

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

Other insurance (home, auto, travel, mortgage, etc.)			
Company			
Type		Value	
Policy number			
Agent name			
Phone		Document location	
Other insurance (home, auto, travel, mortgage, etc.)			
Company			
Type		Value	
Policy number			
Agent name			
Phone		Document location	
Other insurance (home, auto, travel, mortgage, etc.)			
Company			
Type		Value	
Policy number			
Agent name			
Phone		Document location	
Other insurance (home, auto, travel, mortgage, etc.)			
Company			
Type		Value	
Policy number			
Agent name			
Phone		Document location	
Other insurance (home, auto, travel, mortgage, etc.)			
Company			
Type		Value	
Policy number			
Agent name			
Phone		Document location	

MY BANKING

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	
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

Powers of attorney			
Location		Location	
Attorney		Attorney	
Address		Address	
Phone		Phone	
Comments		Comments	

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

MY BUSINESS

Company name			
Proprietor (sole, partnership, corporation)			
Document location			
Company name			
Proprietor (sole, partnership, corporation)			
Document location			
My partner(s) name(s)			
Address			
Phone		Fax	
E-mail			
Business banking information			
Bank			
Address			
Contact			
Phone		Fax	
Landlord information/Lease agreements			
Name			
Address			
Contact			
Phone		Fax	
Statements/Location			
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/ Trustee		Phone	
Address		Email	
Spouse/Partner Will			
Date of last Will		Type of Will	
Will location			
Executor/Executrix/ Trustee		Phone	
Address		Email	
Valuable documents			
Name of the person to contact who is aware of the location of your important documents			
Relationship		Phone	
Funeral arrangements			
For you			
Name of funeral home			
Address			
Contact name		Phone number	
Have you pre-paid your funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount pre-paid for funeral	
Details of any arrangements			
For your spouse/partner			
Name of funeral home			
Address			
Contact name		Phone number	
Have you pre-paid your funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount pre-paid for funeral	
Details of any 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 code	
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	
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 <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 <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 <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 <input type="checkbox"/> My children	Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No

