

**Insurance Planning**

PROFESSIONALS'  
INSURANCE  
CENTRE

**Estate Planning Checklist of: \_\_\_\_\_ Date: \_\_\_\_\_**

*Does your spouse or executor know where to find your documents or whom to contact?*

We recommend that you complete this form and provide copies to your spouse and/or executor or your lawyer and file copies in your home or office. You may also wish to have one completed by anyone for whose estate you may serve as an executor.

**My Advisors Are:                      Name    Phone Number**

Executor of my estate: \_\_\_\_\_  
Contingent Executor: \_\_\_\_\_  
Disability & Life Ins. Agent: \_\_\_\_\_  
General Ins. Agent: \_\_\_\_\_  
Lawyer: \_\_\_\_\_  
Accountant: \_\_\_\_\_  
Stockbroker: \_\_\_\_\_  
Financial Planner: \_\_\_\_\_  
Other: \_\_\_\_\_

**The locations of my important documents:**

Will / Living Will: \_\_\_\_\_  
Power of Attorney: \_\_\_\_\_  
Insurance Policies: \_\_\_\_\_  
Passport: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_  
Marriage Certificate: \_\_\_\_\_  
Property Deeds: \_\_\_\_\_  
Income Tax Records: \_\_\_\_\_  
Safety Deposit Box: \_\_\_\_\_ Key: \_\_\_\_\_  
Bank Accts: \_\_\_\_\_  
RRSP's: \_\_\_\_\_  
RESP's : \_\_\_\_\_  
Mutual Funds: \_\_\_\_\_  
Other: \_\_\_\_\_

Insurance Planning That Never Rests

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