



Estate planning

Your estate record keeper



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Your Estate Record Keeper by Invesco Trimark is a comprehensive tool that lets you store financial and personal information in one place. Try not to be put off by its length – taking the time to thoroughly complete this Record Keeper benefits you in several key ways including:

- Peace of mind knowing that your designated estate executor has the details necessary to manage your financial affairs on your behalf
- The first step in developing two key personal plans – your estate plan and your financial plan
- A record of your personal and financial information in one handy place for future reference

Don't forget to let your executor know where you plan on storing your estate Record Keeper – that way it can easily be located by others if needed. To simplify your estate planning decisions, ask your advisor about Invesco Trimark's brochure *Estate planning: 10 Simple steps*, our *Tax & Estate InfoPages* or visit our website at www.invescotrimark.com for more information.

Date prepared/updated: _____

Personal information

Your name (Given name, middle, surname): _____

Date of birth: _____

Place of birth: _____

Social Insurance Number and card location: _____

Driver's licence number and card location: _____

Provincial health number and card location: _____

Spouse/partner's name (Given name, middle, surname): _____

Date of birth: _____

Place of birth: _____

Social Insurance Number and card location: _____

Driver's licence number and card location: _____

Provincial health number and card location: _____

Children

Name: _____ Name: _____

Date of birth: _____ Date of birth: _____

Place of birth: _____ Place of birth: _____

Current address: _____ Current address: _____

Phone number: _____ Phone number: _____

Social Insurance Number: _____ Social Insurance Number: _____
(for minor children) (for minor children)

Children (continued)

Name: _____ Name: _____
Date of birth: _____ Date of birth: _____
Place of birth: _____ Place of birth: _____
Current address: _____ Current address: _____
Phone number: _____ Phone number: _____
Social Insurance Number: _____ Social Insurance Number: _____
(for minor children) (for minor children)

Other beneficiaries of your Will

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____
Phone number: _____ Phone number: _____

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____
Phone number: _____ Phone number: _____

Personal advisors**Your powers of attorney**

Property Personal care

Location: _____

Attorney: _____

Address: _____

Phone number: _____

Attorney: _____

Address: _____

Phone number: _____

Your spouse/partner's powers of attorney

Property Personal care

Location: _____

Attorney: _____

Address: _____

Phone number: _____

Attorney: _____

Address: _____

Phone number: _____

Your professional advisors

Doctor:

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Fax number: _____ Fax number: _____

Lawyer:

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Fax number: _____ Fax number: _____

Accountant:

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Fax number: _____ Fax number: _____

Your professional advisors (continued)

Financial advisor:

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Fax number: _____ Fax number: _____

Banking contact:

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Fax number: _____ Fax number: _____

Important documents/items

Your Will

Date of last Will/codicil: _____

Will location: _____

Executor/Trustee: _____

Address: _____

Phone number: _____

Executor/Trustee: _____

Address: _____

Phone number: _____

Your spouse/partner's Will

Date of last Will/codicil: _____

Will location: _____

Executor/Trustee: _____

Address: _____

Phone number: _____

Executor/Trustee: _____

Address: _____

Phone number: _____

Funeral arrangement

Pre-planned funeral: yes no

Funeral home address: _____

Contact name: _____

Phone number: _____

Details of other arrangement: _____

Cemetery plot

Plot number and location: _____

Location of plot deed: _____

Contact name: _____

Phone number: _____

Safety deposit box

Box 1 location: _____ Box 2 location: _____

Box number: _____ Box number: _____

Key location: _____ Key location: _____

Location of other important documents

Your birth certificate: _____

Spouse/partner's birth certificate: _____

Children's birth certificates: _____

Marriage certificate: _____

Citizenship and passports: _____

Medical records: _____

Income tax returns: _____

Banking records: _____

Investment records: _____

Loans/Mortgage records: _____

Vehicle ownership records: _____

Separation/Divorce papers: _____

Marriage/Cohabitation/Separation agreement: _____

Custody/Adoption records: _____

Other (specify): _____

Accounts

Household account	Provider	Account number	Telephone number	Key contact
Electricity/ hydro provider				
Oil/gas company				
Internet service provider				
Cellular phone service provider				
Lawn care/Snow removal provider				
Magazine/ Newspaper (1)				
Magazine/ Newspaper (2)				
Cable/Satellite provider				
Home telephone				
Security monitor provider				
Club membership (1)				
Club membership (2)				
Other				

Bank account information

Name of financial institution: _____

Address: _____

Telephone number: _____

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of financial institution: _____

Address: _____

Telephone number: _____

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of financial institution: _____

Address: _____

Telephone number: _____

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of financial institution: _____

Address: _____

Telephone number: _____

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial assets

Investment account information

(Account type includes cash account, margin account, RRSPs, RRFs, locked-in accounts, RESPs, annuities)

Firm: _____

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: _____

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: _____

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: _____

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firm: _____

Account type	Account number	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial assets

Investment account information (continued)

Firm: _____

Account number	Account type	Ownership (individual, joint)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other investments (e.g., Canada Savings Bonds, share certificates)

Item description	Location
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Pension plans (DB, DC, DPSP, or group RRSP)

Company name: _____ Company name: _____
Phone number: _____ Phone number: _____
Employee/Plan number: _____ Employee/Plan number: _____

Company name: _____ Company name: _____
Phone number: _____ Phone number: _____
Employee/Plan number: _____ Employee/Plan number: _____

Annuities

Issuing company: _____ Issuing company: _____
Phone number: _____ Phone number: _____
Policy number: _____ Policy number: _____
Policy location: _____ Policy location: _____

Other assets

Valuable personal assets (e.g., cars, art, jewelry, coin collection, etc.)

Item description	Location
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Real estate

Principal residence:

Address: _____

Purchase date: _____

Purchase price: _____

Owner(s): _____

Deed location: _____

Mortgage:

Company: _____

Address: _____

Telephone number: _____

Reference number: _____

Location of mortgage document: _____

Property tax information:

Property identifier number: _____

Municipality: _____

Telephone number: _____

Location of rental agent (where applicable): _____

Other property:

Address: _____

Purchase date: _____

Purchase price: _____

Owner(s): _____

Deed location: _____

Mortgage:

Company: _____

Address: _____

Telephone number: _____

Reference number: _____

Location of mortgage document: _____

Property tax information:

Property identifier number: _____

Municipality: _____

Telephone number: _____

Location of rental agent (where applicable): _____

Business interest

Company name: _____

Sole proprietor/Partnership/Corporation: _____

Location of key documents (e.g., shareholder, buy/sell agreements): _____

Company name: _____

Sole proprietor/Partnership/Corporation: _____

Location of key documents (e.g., shareholder, buy/sell agreements): _____

Insurance

Life insurance (term/whole life/universal)

Insurer: _____ Insurer: _____

Insured: _____ Insured: _____

Type: _____ Type: _____

Face value: _____ Face value: _____

Policy number: _____ Policy number: _____

Agent's name: _____ Agent's name: _____

Phone number: _____ Phone number: _____

Policy location: _____ Policy location: _____

Insurer: _____ Insurer: _____

Insured: _____ Insured: _____

Type: _____ Type: _____

Face value: _____ Face value: _____

Policy number: _____ Policy number: _____

Agent's name: _____ Agent's name: _____

Phone number: _____ Phone number: _____

Policy location: _____ Policy location: _____

Disability/Critical illness/Long-term care insurance

Insurer: _____ Insurer: _____
Insured: _____ Insured: _____
Type: _____ Type: _____
Coverage amount: _____ Coverage amount: _____
Policy number: _____ Policy number: _____
Agent's name: _____ Agent's name: _____
Phone number: _____ Phone number: _____
Policy location: _____ Policy location: _____

Insurer: _____ Insurer: _____
Insured: _____ Insured: _____
Type: _____ Type: _____
Coverage amount: _____ Coverage amount: _____
Policy number: _____ Policy number: _____
Agent's name: _____ Agent's name: _____
Phone number: _____ Phone number: _____
Policy location: _____ Policy location: _____

Other insurance (health, home, auto, travel, mortgage, other)

Insurer: _____ Insurer: _____
Insured: _____ Insured: _____
Type: _____ Type: _____
Policy number: _____ Policy number: _____
Coverage amount: _____ Coverage amount: _____
Insurer contact number: _____ Insurer contact number: _____
Policy location: _____ Policy location: _____

Insurer: _____ Insurer: _____
Insured: _____ Insured: _____
Type: _____ Type: _____
Policy number: _____ Policy number: _____
Coverage amount: _____ Coverage amount: _____
Insurer contact number: _____ Insurer contact number: _____
Policy location: _____ Policy location: _____

Insurance (continued)

Other insurance (continued)

Insurer: _____ Insurer: _____
Insured: _____ Insured: _____
Type: _____ Type: _____
Policy number: _____ Policy number: _____
Coverage amount: _____ Coverage amount: _____
Insurer contact number: _____ Insurer contact number: _____
Policy location: _____ Policy location: _____

Liabilities

Loan and credit line information

Company: _____
Address: _____
Contact name: _____
Phone number: _____
Borrower: _____
Details: _____

Company: _____
Address: _____
Contact name: _____
Phone number: _____
Borrower: _____
Details: _____

Credit cards

Company: _____ Company: _____
Name on card: _____ Name on card: _____
Card number: _____ Card number: _____

Company: _____ Company: _____
Name on card: _____ Name on card: _____
Card number: _____ Card number: _____



Contact us

Invesco Trimark

5140 Yonge Street, Suite 900
Toronto, Ontario M2N 6X7

Telephone: 416.590.9855 or 1.800.874.6275

Facsimile: 416.590.9868 or 1.800.631.7008

inquiries@invescotrimark.com

www.invescotrimark.com

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