



Estate Planning Information

 innovation
wealth

Innovation Credit Union

By completing this Estate Planning Information document and signing below, I confirm that I have read, understood and consent to the terms of the Innovation Privacy Policy located on the Innovation website or by contacting Innovation at 1-866-446-7001 for a copy and to Innovation and their respective agents and affiliates collecting my personal information contained in this Estate Planning Information document. I also consent to the use, retention and disclosure of my personal information by Innovation as reasonably required by them to meet legal and regulatory requirements.

- (a) I consent to Innovation using the personal information collected herein to inform me of Innovation products and services that may be of interest to me and disclosing this information to suppliers of products and services to me or Innovation, provincial and national central credit unions and trade associations in connection with related or other products and services as necessary to meet my financial, insurance or related objectives. I understand that if my personal information is disclosed to suppliers located in other countries, my personal information may be accessible by law enforcement and national security agencies in that country.

I consent to the Financial Institution also providing me or the third party for whom I am acting with the marketing information contemplated for products and/or services that may be of interest to me by Commercial Electronic Message (meaning a message sent by any means of telecommunications, including email, voice, sound, text or image).

I may withdraw my consent to use the personal information in the way described in 2(a) at any time by providing written notice to Innovation at P.O. Box 1090 Station Main, Swift Current, Saskatchewan S9H 3X3.

Date

Signature

Date

Signature

Estate Planning Information

Personal Details

Surname: _____
First Name: _____
Middle Name: _____
Usual Name: _____
(Only if different from Legal First Name)
Maiden Name: _____
(If applicable)
Date of Birth: _____ Age _____
Place of Birth: _____
Marital Status: 1st Marriage Never Married
 2nd + Marriage Separated
 Common-Law Divorced
 Engaged Widowed
Gender: Male Female
Occupation: _____
Citizenship: _____
Telephone (Res): _____
(Bus): _____
(Cell): _____
E-Mail: _____
Address: _____

Partner Surname: _____
First Name: _____
Middle Name: _____
Usual Name: _____
(Only if different from Legal First Name)
Maiden Name: _____
(If applicable)
Date of Birth: _____ Age _____
Place of Birth: _____
Marital Status: 1st Marriage
 2nd or Subsequent Marriage
 Common-Law
 Engaged
Gender: Male Female
Occupation: _____
Citizenship: _____
Telephone (Res): _____
(Bus): _____
(Cell): _____
E-Mail: _____
Address: _____

Estate Planning Information

Children

Name	Marital Status	Parents' Names	Special Needs or Physical/ Mental Disability	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have any of your children predeceased you? Yes No If yes, list names _____
If yes, did they have surviving children? Yes No If yes, please provide details of their children below.

Name	Marital Status	Parents' Names	Special Needs or Physical/ Mental Disability	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Information

Do any beneficiaries owe you money (may reduce their share of the estate)? Yes No

Are you considering a charitable or educational bequest in your Will? Yes No

Are you considering using your Will to establish a Trust for:

- Minor children? Yes No N/A
- Adult children? Yes No N/A
- Mentally or physically disabled person(s)? Yes No N/A
- Your spouse or partner? Yes No N/A
- Educational/charitable bequests? Yes No N/A

If establishing a Trust, are you considering having a house held in this Trust? Yes No N/A

Do any beneficiaries, excluding your children/grandchildren, have any special needs or physical/mental disability? Yes No

Do you have pets? Yes No

Funeral Instructions

Have you made your own funeral arrangements? Yes No

Are they prepaid? Yes No

Funeral provider _____

_____ Value if prepaid \$ _____

Estate Planning Information

Assets and Liabilities

Real Estate

	Civic or Legal Description	Registration (Sole, Joint or Tenants-in-Common)	Current Value
Principal Residence	_____	_____	\$ _____
Vacation Property	_____	_____	\$ _____
Rental Property	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Agricultural	<i>Please provide land descriptions on the Agricultural Information Supplemental Form</i>		\$ _____
Out-of-Province	_____	_____	\$ _____
Foreign	_____	_____	\$ _____
Undeveloped Bare Land	_____	_____	\$ _____
Mines & Minerals	_____	_____	\$ _____
Other	_____	_____	\$ _____

Agricultural (check all that apply)

- Shares Shareholder equity Granaries/buildings Grain/feed on hand Growing crops Machinery & equipment Other

Please provide details on the Agricultural Information Supplemental Form

Total value: \$ _____

Business Assets (check all that apply)

- Shares Shareholder equity Licenses Inventory Goodwill Machinery Equipment Other

Please provide details on the Business Information Supplemental Form

Total value: \$ _____

Registered Plans (check all that apply)

- RRSP RRIF TFSA RESP RDSP

List financial institution(s): _____

Total value: \$ _____

Pension Plans (check all that apply)

- Money purchase Defined benefit Life annuity

List pension carrier(s): _____

_____ Value on death: \$ _____

Agreements for Sale (check all that apply)

- Vendor Purchaser

Current value: \$ _____

Estate Planning Information

Bank Accounts (check all that apply)

- Chequing Savings Foreign

List financial institution(s): _____

_____ Total value: \$ _____

Investments (check all that apply)

- GIC Term deposit Mutual funds Bonds Equities Segregated funds Foreign Other

List financial institution(s): _____

_____ Total value: \$ _____

Insurance (check all that apply)

- Whole life Term life Mortgage life insurance

List insurance carrier(s): _____

_____ Total value: \$ _____

Vehicles (check all that apply)

- Car Truck SUV Recreational Other Total value: \$ _____

Collectibles (check all that apply)

- Art Antiques Coins Stamps Other Total value: \$ _____

Co-operative Equities

List co-operatives _____ Total value: \$ _____

Household Goods & Personal Effects (check all that apply)

- Furniture Appliances Personal items Other Total value: \$ _____

TOTAL ASSETS: \$ _____

Liabilities (check all that apply)

- Mortgage Credit cards Loans Lines of credit Agreement for sale Other

List financial institution(s): _____

_____ **TOTAL LIABILITIES:** \$ _____

TOTAL NET WORTH: \$ _____

Estate Planning Information

Additional Information

Legal documents required (check all that apply)

Will Power of attorney Health care directive* Marriage/cohabitation agreement

* Also referred to as personal directive, advance health care directive, representation agreement

- Is the Will in contemplation of marriage or cohabitation? Yes No
- Do you and your spouse/partner have a marriage/cohabitation contract? Yes No
- Do you plan to exclude a legal spouse, partner or child from the distribution of your estate? Yes No
- Are there reproductive materials to be dealt with? Yes No
- Do you wish to include the disposition of your digital assets? Yes No
- Do you plan to include 'in-laws' in the distribution of your estate if the primary beneficiary predeceases (e.g. your daughter's husband or your spouse's nieces/nephews)?** Yes No
- Do you have obligations resulting from a previous relationship (spouse or child maintenance)? If yes, include details in *Additional Comments* section. Yes No
- Household Goods and Personal Effects
- Do you have a letter of intent? Yes No
- Do you have a legal memorandum? Yes No
- Are you a United States resident and/or citizen? Yes No

Title to Real Property

- Have you researched the title to all real estate you currently own to confirm registration? Yes No
- Are there any impending changes to the registration of title of any real estate you own? Yes No

Executor and Trustee

Primary: _____

Alternate: _____

Attorney under Power of Attorney

Primary: _____

Alternate: _____

Guardian for Minor Children

Primary: _____

Alternate: _____

Additional Information

Beneficiaries (list all beneficiaries; for additional space use *Additional Comments*)

Legal Name

Relationship

Lawyer

Name:

Firm:

Accountant

Name:

Firm:

Investment Advisor

Name:

Firm:

Additional