

OFFICE USE Client Number:

SKE#:

Date:



PERSONAL AFFAIRS RECORD

| | | | | | |
|--|--|-----------------------------|---------------------|---------------------|--|
| Name - First: | | Middle: | | Last: | |
| Birth Date: | | | Birth Place: | | |
| Street/PO, City, Prov: | | | | Post Code: | |
| Email: | | Phone: | | Cell: | |
| SIN#: | | Private Medical Ins: | | | |
| Occupation: | | | | Work Place: | |
| Father's Name: | | | | Birth Place: | |
| Mother's First & Maiden Name: | | | | Birth Place: | |

SPOUSE – **Married** or **Cohabiting for 2+ Years** (one completed form per couple is usually sufficient)

| | | | | | |
|--|--|-------------------|---------------------|-----------------------------|--|
| Name - First: | | Middle: | | Last: | |
| Birth Date: | | | Birth Place: | | |
| Address: <input type="checkbox"/> same as above or: | | | | Cell: | |
| SIN#: | | SK Health: | | Private Medical Ins: | |
| Date of Marriage/Cohabiting: | | | | Place of Marriage: | |
| Occupation: | | | | Work Place: | |
| Father's Name: | | | | Birth Place: | |
| Mother's First & Maiden Name: | | | | Birth Place: | |

REGISTRY OF CHILDREN

| | | | |
|---|---|------------------------|---|
| Child 1 Name (first, middle, last) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: | <input type="checkbox"/> Has child under 18 Number of Children: |
| Mailing Address | Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband | Marital Status: | Comments (eg. adopted): |
| Child 2 Name (first, middle, last) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: | <input type="checkbox"/> Has child under 18 Number of Children: |
| Mailing Address | Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband | Marital Status: | Comments (eg. adopted): |
| Child 3 Name (first, middle, last) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: | <input type="checkbox"/> Has child under 18 Number of Children: |
| Mailing Address | Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband | Marital Status: | Comments (eg. adopted): |
| Child 4 Name (first, middle, last) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: | <input type="checkbox"/> Has child under 18 Number of Children: |
| Mailing Address | Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband | Marital Status: | Comments (eg. adopted): |
| Child 5 Name (first, middle, last) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: | <input type="checkbox"/> Has child under 18 Number of Children: |
| Mailing Address | Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband | Marital Status: | Comments (eg. adopted): |
| Child 6 Name (first, middle, last) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: | <input type="checkbox"/> Has child under 18 Number of Children: |
| Mailing Address | Born to: <input type="checkbox"/> Both <input type="checkbox"/> Wife <input type="checkbox"/> Husband | Marital Status: | Comments (eg. adopted): |

The following children or grandchildren are disabled (indicate parent if grandchild): _____

Additional children are listed on a separate sheet or in the comments section on page 3.

OTHER INFORMATION

| | |
|---|----------------------|
| Income Tax Prepared by: | Self-Employed GST #: |
| Safety Deposit Box Location: | Box #: |
| Legal Documents held outside of MTL: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Will <input type="checkbox"/> Inter-Spousal Agreement <input type="checkbox"/> Corporate Documents held at: | |

NOTE: Including the approximate values in the following sections aids in estate planning.

RRSPS, RRIFs, TFSAS, ETC. (REGISTERED ACCOUNTS)

| Type | Institution | Account # | Owner(s) | Beneficiary | Amount |
|------|-------------|-----------|----------|-------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

BANK AND OTHER INVESTMENT ACCOUNTS (NON-REGISTERED)

| Type | Institution | Account # | Owner(s) | Amount |
|------|-------------|-----------|----------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Investment Information is attached

LAND TITLES & LEASES

| Legal Description (if available) | Location of Property | Owner(s) | Purchase Price | Purchase Mo, Year | Current Value |
|----------------------------------|----------------------|----------|----------------|-------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Additional Land Descriptions are attached

I am interested in more information about how a Mennonite Trust mortgage might save me money.

Current Mortgage Provider: _____ Current Balance: _____

Current Interest Rate: _____ Next Renewal Date: _____

INSURANCE – Life, Funeral, Disability, etc...

| Life Insurance Company | Policy # | Beneficiary | Agent | Amount |
|------------------------|----------|-------------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ADDITIONAL ASSETS – vehicles, machinery and other items of substantial value

| Description | Owner(s) | Value |
|-------------|----------|-------|
| | | |
| | | |
| | | |
| | | |

DEBTS I OWE – mortgages, credit card, etc.

| Name & Description | Co-signed by: | Value |
|--------------------|---------------|-------|
| | | |
| | | |
| | | |

I made **PROMISES** to family or others about my estate: **NO** **YES** (*list to whom and what*):

DEBTS OWED TO ME – by children or others

| Name | Terms | Original Amount | Balance Remaining |
|------|-------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |

ONLINE Presence:

Person chosen to manage my internet accounts: _____

My passwords can be accessed here: _____

COMMENTS or other information:

IMPORTANT INFORMATION

Unconfirmed Data

Mennonite Trust Ltd. has not verified the accuracy of any of the information gathered by MTL or stored with MTL. It is the responsibility of the Executor to ensure that they have all relevant information. MTL has not confirmed the accuracy of any asset description contained in the Will.

Mirror Image Wills

A mirror image Will is when spouses make their Wills together. In these situations, there is an expectation that each spouse made their Will at least in part because of what the other spouse chose to put in their Will.

The Testators shall be aware of the following:

- 1) THAT Mennonite Trust Ltd. is acting jointly when preparing the mirror image Wills.
- 2) THAT the information between the Testators is not confidential and, in the future, should conflict arise between the Testators, Mennonite Trust Ltd. has the right to advise the other spouse.
- 3) THAT in the event of the death of one spouse it may be that the surviving spouse may want to change his or her Will.

OFFICE USE: P A C O