

ENRICHED |
THINKING®



Your Financial Inventory

The Farwell Group

ScotiaMcLeod, a division of Scotia Capital Inc.

Scotia Wealth Management®



True wealth is about your life and the relationships, interests and goals you value most deeply.

An important part of your 'true wealth' are the assets and investments that support your lifestyle.

Your Financial Inventory is a working document to help organize and keep track of your financial assets and personal information.

Your Financial Inventory serves as a resource as you plan your legacy. It can play an integral part in providing you peace of mind knowing that your designated Power of Attorney and Estate Executor will have the details necessary to manage your financial affairs on your behalf.

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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: _____
(for minor children)

Social Insurance Number: _____
(for minor children)

Children (continued)

Name: _____

Date of birth: _____

Place of birth: _____

Current address: _____

Phone number: _____

Social Insurance Number: _____
(for minor children)

Name: _____

Date of birth: _____

Place of birth: _____

Current address: _____

Phone number: _____

Social Insurance Number: _____
(for minor children)

Other beneficiaries of your will

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Name: _____

Relationship: _____

Address: _____

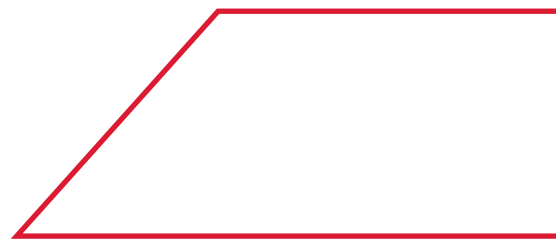
Phone number: _____

Name: _____

Relationship: _____

Address: _____

Phone number: _____



PERSONAL ADVISORS

Your powers of attorney

Property

Personal Care

Location: _____

Attorney: _____

Address: _____

Phone number: _____

Property

Personal Care

Location: _____

Attorney: _____

Address: _____

Phone number: _____

Your spouse / partner power of attorney

Property

Personal Care

Location: _____

Attorney: _____

Address: _____

Phone number: _____

Doctor

Name: _____

Firm: _____

Address: _____

Phone number: _____

Fax number: _____

Name: _____

Firm: _____

Address: _____

Phone number: _____

Fax number: _____

Lawyer

Name: _____

Firm: _____

Address: _____

Phone number: _____

Fax number: _____

Name: _____

Firm: _____

Address: _____

Phone number: _____

Fax number: _____

Accountant

Name: _____

Firm: _____

Address: _____

Phone number: _____

Fax number: _____

Name: _____

Firm: _____

Address: _____

Phone number: _____

Fax number: _____

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 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

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	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				
Other				
Other				

Bank account information

(account type includes chequing, savings, deposit and other accounts available at a banking institution)

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank account information (continued)

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, RRIFs, locked-in accounts, RESPs, TFSAs and RDSPs)

Firm: _____

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

Firm: _____

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

Firm: _____

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

Investment account information (continued)

Firm: _____

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

Firm: _____

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

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 plan (DB, DC, DPSP, Group RRSP or PRPP)

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 (cars, art, jewellery, coin collection, etc.)

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

Digital assets (pictures, videos, music, online subscriptions, etc.)

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

Real estate

Principal Residence

Address: _____

Purchase date: _____

Purchase price: _____

Owner(s): _____

Deed location: _____

Mortgage property tax information

Company: _____

Property identifier number: _____

Address: _____

Municipality: _____

Telephone number: _____

Telephone number: _____

Reference number: _____

Location of rental agent (where applicable):

Location of mortgage document: _____

Other property

Address: _____

Purchase date: _____

Purchase price: _____

Owner(s): _____

Deed location: _____

Mortgage property tax information

Company: _____

Property identifier number: _____

Address: _____

Municipality: _____

Telephone number: _____

Telephone number: _____

Reference number: _____

Location of rental agent (where applicable):

Location of mortgage document: _____

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: _____

Life insurance (continued)

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: _____

Disability / critical illness / long-term care insurance (continued)

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, etc.)

Insurer: _____

Insurer: _____

Insured: _____

Insured: _____

Type: _____

Type: _____

Coverage amount: _____

Coverage amount: _____

Policy number: _____

Policy number: _____

Insurer contact number: _____

Insurer contact number: _____

Policy location: _____

Policy location: _____

Other insurance (continued)

Insurer: _____

Insurer: _____

Insured: _____

Insured: _____

Type: _____

Type: _____

Coverage amount: _____

Coverage amount: _____

Policy number: _____

Policy number: _____

Insurer contact number: _____

Insurer contact number: _____

Policy location: _____

Policy location: _____

LIABILITIES

Loan and credit line information and credit line information

Company: _____

Address: _____

Contact name: _____

Phone number: _____

Borrower: _____

Details: _____

Company: _____

Address: _____

Contact name: _____

Phone number: _____

Borrower: _____

Details: _____

Credit cards

Company: _____

Name on card: _____

Card number: _____

Company: _____

Name on card: _____

Card number: _____

Company: _____

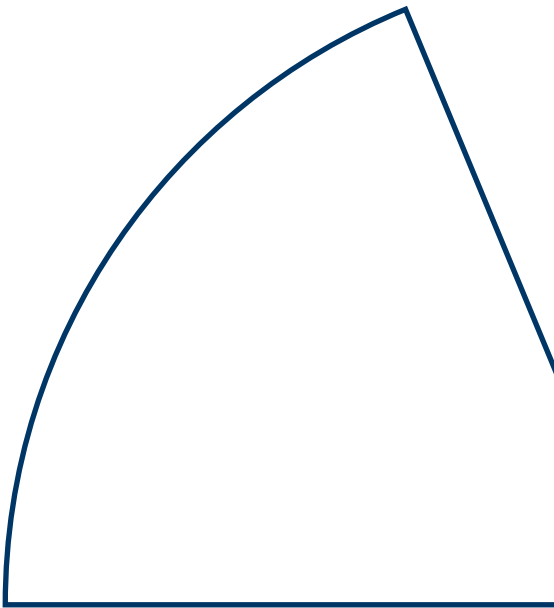
Name on card: _____

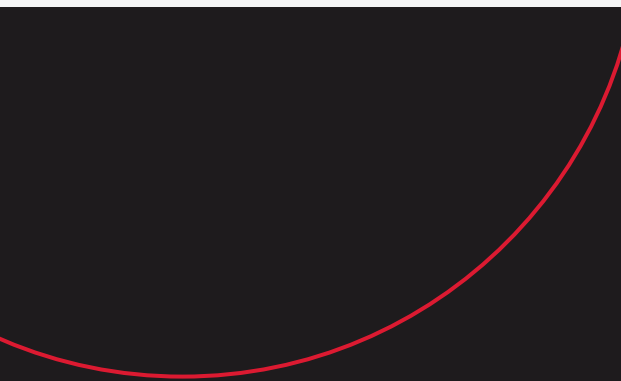
Card number: _____

Company: _____

Name on card: _____

Card number: _____





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