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Personal Inventory of Assets and Important Documents

CAUTION

This document is provided for your convenience and for informational purposes only. It does not constitute advice of any kind. The general information contained herein is subject to change without notice. You should not rely on this information for tax purposes. We strongly suggest that you consult your legal and tax advisors to discuss these laws and regulations and how they apply to your particular circumstances and estate plan. Desjardins will not be held responsible for any unwanted tax liability.

YOUR PERSONAL INFORMATION

First and last names at birth _____

Date of birth _____ SIN _____

Current address _____

Marital status: Single Married Civil union De facto
 No longer living with partner Legally separated Divorced Widowed

SPOUSE

Spouse's first and last names at birth _____

Date of birth _____ SIN _____

Current address (if different) _____

CHILDREN

Child's first and last names at birth _____

Date of birth _____ SIN _____

Telephone number _____

Employer (if applicable) _____

Child's first and last names at birth _____

Date of birth _____ SIN _____

Telephone number _____

Employer (if applicable) _____

Child's first and last names at birth _____

Date of birth _____ SIN _____

Telephone number _____

Employer (if applicable) _____

Child's first and last names at birth _____

Date of birth _____ SIN _____

Telephone number _____

Employer (if applicable) _____

SAFETY DEPOSIT BOX

Financial institution _____

Address _____

Box number _____

Location of key _____

FINANCIAL PLANNER

Name _____

Address _____

Telephone number _____

INVESTMENT ADVISOR (SECURITIES)

Name _____

Address _____

Telephone number _____

ACCOUNTANT

Name _____

Address _____

Telephone number _____

Location of previous income tax returns _____

LAWYER

Name _____

Address _____

Telephone number _____

PHYSICIAN

Name _____

Address _____

Telephone number _____

OTHER ADVISORS

Name _____

Address _____

Telephone number _____

WILL YES NO

Date of last will _____

Location of will _____

Will drawn up by a legal advisor Yes No

Particulars (if different from Section 2)

Name _____

Address _____

Telephone number _____

POWER OF ATTORNEY YES NO

Date of power of attorney _____

Location of power of attorney _____

Power of attorney drawn up by a legal advisor Yes No

Particulars (if different from Section 2)

Name _____

Address _____

Telephone number _____

TRUSTEE FOR THE ESTATE

Name _____

Address _____

Telephone number _____

Name _____

Address _____

Telephone number _____

Alternate trustee

Name _____

Address _____

Telephone number _____

MARRIAGE/CIVIL UNION/DE FACTO RELATIONSHIP CONTRACT

Marital status: Married Civil union De facto (common-law)

Location of contract _____

Matrimonial regime: Partnership of acquests Separation as to property
 Community of propertyContract drawn up by a legal advisor Yes No

Particulars (if different from Section 2)

Name _____

Address _____

Telephone number _____

IF YOU ARE SEPARATED OR DIVORCEDSeparation or divorce decree No longer living with partner Legally separated Divorced

Date of separation or decree _____

Location of decree _____

IF YOU ARE A WIDOW(ER)

Date of spouse's death _____

Location of spouse's death certificate _____

BIRTH CERTIFICATE

Location of birth certificate _____

Location of child's/children's birth certificate(s) _____

If there has been an adoption:

Location of adoption decree _____

PASSPORT AND VISA

Location of passport _____

Location of visa _____

IF YOU WERE NOT BORN IN CANADA

Location of citizenship certificate _____

Other information _____

FUNERAL ARRANGEMENTSInstructions for the funeral Yes NoNext-of-kin will handle funeral arrangements Yes NoRemains to be prepared for open-casket viewing burial cremation

Other details _____

Instructions are detailed

 in the will in another document located _____Prior contact regarding funeral Yes No**Funeral home**

Name _____

Address _____

Telephone number _____

Location of documents _____

FINANCIAL INSTITUTION OR COMPANY

Name _____

Address _____

Telephone number _____

Broker or representative _____

Account number	Type of account ¹	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INSTITUTION OR COMPANY

Name _____

Address _____

Telephone number _____

Broker or representative _____

Account number	Type of account ¹	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INSTITUTION OR COMPANY

Name _____

Address _____

Telephone number _____

Broker or representative _____

Account number	Type of account ¹	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of transaction statements, bank cards and chequebooks

Location of investment documents and records

¹ (RRSP, RRIF, LIRA, LIF, savings, chequing account, mutual funds, etc.)

LIFE AND HEALTH INSURANCE

Broker or representative Yes No

Name _____

Address _____

Telephone number _____

Insurer _____

Telephone number _____ Contract number _____

Insurer _____

Telephone number _____ Contract number _____

Group insurance Yes No

Insurer _____

Telephone number _____ Contract number _____

Life insurance coverage as a club member (e.g. CAA) Yes No

Issuer(s) _____

Life insurance as a member of another organization or association Yes No

Issuer(s) _____

Location of life and health insurance contracts _____

Location of accidental death insurance contract _____

PROPERTY AND CASUALTY INSURANCE

Home

Insurer _____

Address _____

Telephone number _____

Motor vehicle

Insurer _____

Address _____

Telephone number _____

Other _____

Insurer _____

Address _____

Telephone number _____

PERSONAL RESIDENCE

If you are a Tenant: Yes No

Owner's name _____

Address _____

Telephone number _____

Location of lease copy _____

Sole owner of a main residence Yes No

Address _____

Co-owner of a residence Yes No

Name of co-owner _____

Address _____

Telephone number _____

Location of purchase contract and other documents _____

Mortgage on this property Yes No

Financial institution or company _____

Account number _____

Life insurance Yes No

Disability insurance Yes No

Location of contract _____

INCOME PROPERTY

Sole owner of an income property Yes No

Address _____

Co-owner of an income property Yes No

Name of co-owner _____

Address _____

Telephone number _____

Location of contract and other documents (leases, etc.) _____

Mortgage on this property Yes No

Financial institution or company _____

Account number _____

Life insurance Yes No

Disability insurance Yes No

Location of contract _____

SECTION 6

RESIDENCE AND OTHER REAL ESTATE PROPERTY (con't)

SECONDARY RESIDENCE

Sole owner of a secondary residence Yes No

Address _____

Co-owner of a secondary residence Yes No

Name of co-owner _____

Address _____

Telephone number _____

Location of purchase contract and other documents _____

Mortgage on this property Yes No

Financial institution or company _____

Account number _____

Life insurance Yes No

Disability insurance Yes No

Location of contract _____

OTHER RESIDENCE(S)

Sole owner of residence Yes No

Address _____

Co-owner of residence Yes No

Name of co-owner _____

Address _____

Telephone number _____

Location of purchase contract and other documents _____

Mortgage on this property Yes No

Financial institution or company _____

Account number _____

Life insurance Yes No

Disability insurance Yes No

Location of contract _____

LINE OF CREDIT 1 Yes No

Financial institution _____

Account number _____

Life insurance Yes No

Location of contract _____

LINE OF CREDIT 2 Yes No

Financial institution _____

Account number _____

Life insurance Yes No

Location of contract _____

LINE OF CREDIT 3 Yes No

Financial institution _____

Account number _____

Life insurance Yes No

Location of contract _____

CREDIT CARD 1 Yes No

Name of issuer _____

Account number _____

Life insurance Yes No

Location of contract _____

CREDIT CARD 2 Yes No

Name of issuer _____

Account number _____

Life insurance Yes No

Location of contract _____

CREDIT CARD 3 Yes No

Name of issuer _____

Account number _____

Life insurance Yes No

Location of contract _____

PERSONAL LOAN 1 Yes No

Financial institution _____

Life insurance Yes No

Location of contract _____

PERSONAL LOAN 2 Yes No

Financial institution _____

Life insurance Yes No

Location of contract _____

SECTION 7

DEBTS AND FINANCIAL OBLIGATIONS (con't)

PERSONAL LOAN 3 Yes No

Financial institution _____

Life insurance Yes No

Location of contract _____

AUTO LOAN 1 Yes No

Financial institution _____

Life insurance Yes No

Location of contract _____

AUTO LOAN 2 Yes No

Financial institution _____

Life insurance Yes No

Location of contract _____

AUTO LOAN 3 Yes No

Financial institution _____

Life insurance Yes No

Location of contract _____

PERSONAL DEBT 1 Yes No

Creditor's name _____

Life insurance Yes No

Location of contract _____

PERSONAL DEBT 2 Yes No

Creditor's name _____

Life insurance Yes No

Location of contract _____

PERSONAL DEBT 3 Yes No

Creditor's name _____

Life insurance Yes No

Location of contract _____

