



Heritage Law*

INFORMATION ABOUT YOU:

1. Your full legal name: _____
2. Your address: _____
(Street address) (City)

(Province) (Postal Code)
3. Your date of birth: _____
(month) (day) (year)
4. Do you have a Will (if yes please provide a copy)? Yes [☐] No [☐]
5. Do you have a power of attorney (if yes, please provide a copy)? Yes [☐] No [☐]
6. Do you have a representation agreement and/or health care directive (if yes, please provide a copy)? Yes [☐] No [☐]
7. If you are working, is your job? Full-time [☐] Part-time [☐]
8. Describe your job or employer: _____
9. How much are you paid every month from your job? \$ _____.
10. Are you currently receiving government assistance of any kind? Yes [☐] No [☐]
If yes, how much do you receive every month? \$ _____.
11. Tell us the sources and amounts of your government assistance:
[☐] Disability Benefits: \$ _____
[☐] CPP Pension Plan: \$ _____
[☐] ICBC Settlement Payments: \$ _____
[☐] Other: \$ _____
Please describe: _____

12. Please describe your disability: _____

13. Name and address of your doctor: _____

14. My closest relatives are:

Relative No. 1

Relative No. 2

(Name)

(Name)

(Address)

(Address)

(Relationship to you)

(Relationship to you)

(Age)

(Age)

WHY DO YOU WANT A TRUST?

Please tell us your reasons for setting up a trust, for example, you are receiving an inheritance and need to protect your government benefits. Please provide us much detail as you can and, if available, provide us with copies of any relevant documents.

TERMS OF YOUR TRUST:

1. Please set out the people you would like to act as the trustees of your trust:

<u>Trustee Name</u>	<u>Address</u>	<u>Relationship to You</u>
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<hr/>	<hr/>	<hr/>
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2. If you want two or more of the trustees to act together, please list their names:

3. If you want one or more of the trustees to act only for you only if someone else cannot act, please list the names who should act as alternate trustees only:

4. Do you want to be the only person who receives money from the trust during your lifetime?

Yes [☐] No [☐].

5. When you die, who do you want to receive the money left in the trust?

<u>Beneficiary Name</u>	<u>Address</u>	<u>Relationship to You</u>
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YOUR ASSETS AND DEBTS

1. Chequing, Savings and Investment Accounts

Name of Bank/Branch	Account Type	Account No.	Approx. Balance

2. RRSPs and TFSAs:

Name of Bank	Account Type	Account No.	Approx. Balance

3. Real Estate:

Do you own a home? Yes [☐] No [☐]

If yes:

Approximate date when you bought or
inherited your home: _____

The home is worth: _____

The mortgage balance is: _____

Do you live in the home with anyone else? Yes [☐] No [☐]

If yes, set out the person's
name and relationship to you: _____

4. Life Insurance

Do you have life insurance? Yes [☐] No [☐]

If yes:

Insurance Company: _____

Policy Amount: _____

Policy Beneficiary: _____

5. Household and Personal Items:

Do own any valuable household items (i.e., more than \$10,000)? Yes [☐] No [☐]

If yes, please describe the item and its value:

Do you own a car or other motor vehicle? Yes [☐] No [☐]

If yes, please give the year, make/model and approximate value:

6. Debts

Name of Creditor	Amount owing