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Date: _____

CONFIDENTIAL ESTATE AND FINANCIAL PLANNING
QUESTIONNAIRE

PERSONAL AND SPOUSE INFORMATION

Full Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone: Home _____ Business _____

Birth Date _____ Citizenship _____

Spouse's Birth Date _____ Citizenship _____

Date of Marriage _____ Married Previously? Yes No

Children From Any Prior Marriage? Yes No

Place and date of divorce (if applicable) _____

Do you presently have a will? Yes No Does your spouse? Yes No

DOMICILE INFORMATION

Place of birth _____

Place of residence when married _____

Place of marriage _____

Do you have a marriage contract or agreement? Yes No

Is your present residence permanent? Yes No If not, please explain _____

FAMILY INFORMATION – CHILDREN

1. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Marital Status _____
Name of Spouse _____

2. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Marital Status _____
Name of Spouse _____

3. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Marital Status _____
Name of Spouse _____

4. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Marital Status _____
Name of Spouse _____

OTHER BENEFICIARIES TO BE CONSIDERED

1. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Relationship To You _____
Marital Status _____ Name of Spouse _____

2. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Relationship To You _____
Marital Status _____ Name of Spouse _____

3. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Relationship To You _____
Marital Status _____ Name of Spouse _____

4. Full Name _____
Address _____
City _____ Province _____ Postal Code _____
Birth Date _____ Relationship To You _____
Marital Status _____ Name of Spouse _____

Do any of the above named beneficiaries have a financial or special need now or will they have in the event of your death? _____

POSSIBLE EXECUTORS AND GUARDIANS

1. Proposed Executor _____ Age _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ Relationship To You _____

2. Proposed Alternate Executor _____ Age _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ Relationship To You _____

3. Proposed Guardian _____ Age _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ Relationship To You _____

4. Proposed Alternate Guardian _____ Age _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ Relationship To You _____

Will the Guardian(s) require funds to accommodate your children? Yes No

Will the children be residing outside of Ontario? Yes No

Outside of Canada? Yes No

INFORMATION ABOUT YOUR ASSETS

Please mark as N/A any information categories not relevant to your particular circumstances.

1. **Residence**

Address _____

City _____ Province _____ Postal Code _____

Year Purchased _____ Cost When Purchased \$ _____

Manner of Ownership Alone Joint Tenant Tenant in common

Current Value (approximate) \$ _____

Outstanding Mortgage (approximate)\$ _____

Maturity Date _____ Interest Rate _____%

Prepayment Privileges _____

Is this your principal residence? Yes No

2. **Recreational property**

Address _____

City _____ Province _____ Postal Code _____

Year Purchased _____ Cost When Purchased \$ _____

Manner of Ownership Alone Joint Tenant Tenant in common

Current Value (approximate) \$ _____

Outstanding Mortgage (approximate)\$ _____

Maturity Date _____ Interest Rate _____%

Prepayment Privileges _____

3. **Rental (Investment) Property**

Address _____

City _____ Province _____ Postal Code _____

Year Purchased _____ Cost When Purchased \$ _____

Manner of Ownership Alone Joint Tenant Tenant in common

Current Value (approximate) \$ _____

Outstanding Mortgage (approximate) \$ _____

Maturity Date _____ Interest Rate _____ %

Prepayment Privileges _____

Net Value \$ _____ Undepreciated Capital Cost \$ _____

4. **Farm or Business Property**

Address _____

City _____ Province _____ Postal Code _____

Year Purchased _____ Cost When Purchased \$ _____

Manner of Ownership Alone Joint Tenant Tenant in common

Current Value (approximate) \$ _____

Outstanding Mortgage (approximate) \$ _____

Maturity Date _____ Interest Rate _____ %

Prepayment Privileges _____

Net Value \$ _____ Type of Farming/Business _____

5. **Pensions and Other Plans**

Do you belong to or contribute to a company pension plan? Yes No

Who is the beneficiary? _____

Describe benefits _____

Have you contributed to the Canada Pension Plan or Quebec Pension Plan?

Yes No For how many years? _____

Do you have a Registered Retirement Savings Plan? Yes No

Company _____ Beneficiary _____

Current Value of Plan \$ _____ Contribution Years Remaining _____

Do you have a Registered Retirement Income Fund? Yes No

Company _____ Beneficiary _____

Current Value of Plan \$ _____

Do you participate in a Deferred Profit Sharing Plan? Yes No

Company _____ Beneficiary _____

Current Value of Plan \$ _____

Does your spouse have any of the above plans? Yes No

6. **Insurance on Your Life or Owned By You**

Name Of Insurance Company _____

Face Value of Policy and Policy Number _____

Type of Policy _____

Who pays the premium? _____

Beneficiary _____

Owner of Policy _____

7. **Group Life Insurance**

Name Of Insurance Company _____

Face Value of Policy and Policy Number _____

Type of Policy _____

Who pays the premium? _____

Beneficiary _____

8. **Investments**

Stocks:

Approximate Total Value \$ _____

Are any companies located outside Canada? Yes No

Approximate Original Cost \$ _____

Mortgages:

Approximate Total Value \$ _____

Are any on properties outside Canada? Yes No

Bonds/Interest Bearing Securities:

Approximate Total Value \$ _____

Approximate Capital Gains on These Assets \$ _____

Have you taken any capital gains planning? Yes No

9. **Business or Professional Financial Information**

Business Name _____

Address _____

City _____ Province _____ Postal Code _____

Nature of business _____

Business structure Proprietorship Partnership Limited Company

Limited Partnership Joint Venture

If incorporated, date of incorporation _____ Fiscal year end _____

Record details of partner(s) or shareholder(s) interests below:

<u>Name of Owners from Co.</u>	<u>Birth Dates</u>	<u>Partner Interests</u>	<u>Common Share</u>	<u>Preferred Share</u>	<u>Loans to Co.</u>	<u>Loans</u>

Estimated fair market value of business \$ _____

Does this valuation include shareholder loans? Yes No

Has a professional valuation been made recently? Yes No

If yes, by whom? _____

What was the valuation? \$ _____

If applicable, what was the V-day value (Dec. 31, 1971) of the shares?

\$ _____

Value of surplus in capital dividend account? \$ _____

Are your business interests to be continued or sold in the event of your death?

Continued Sold

If continued, by whom? _____

If sold, to whom (are you party to a buy-sell agreement)? _____

If there is a buy-sell agreement, please provide a copy.

Is a purchase/sale of shares funded by life insurance? Yes No

Do you have key man or critical illness insurance in place? Yes No

10. **Personal Use Property**

Approximate total value \$ _____ Insured Value \$ _____

Listed personal property (e.g. paintings, jewellery, stamps, sculptures, etc.)

Approximate total value \$ _____

11. **Bank Accounts**

Approximate total value \$ _____ Are any accounts joint? Yes No

Are any accounts joint with *right of survivorship*? Yes No

12. **Automobile/Other Vehicles**

Year and make _____ Current Value \$ _____

Year and make _____ Current Value \$ _____

Year and make _____ Current Value \$ _____

13. **Other Assets**

Promissory Notes Yes No

Chattel Mortgage Yes No

Book Debts Yes No

Annuities Yes No

Interests in Trusts/Estates Yes No

Expected Inheritances Yes No

Power of Appointment Yes No

Tax Shelters Yes No

14. Are any assets legally situated outside of Ontario? Yes No

15. **Significant Gifts Made By You**

In the last five years _____

Have you set up any trusts? Yes No

Do you wish to make any? Yes No

16. **Approximate Total Value of your Spouse's Assets** \$ _____

17. Have there been any gifts from you to your spouse or vice versa? Yes No

18. **Information about your children's assets** _____

19. **Information about your annual income**

Salary or net commission \$ _____ Dividends \$ _____

Bonus \$ _____ Interest Income \$ _____

Stock Options \$ _____ Other \$ _____

Will this total change significantly in the future? Yes No

Do you have disability benefits? Yes No

20. **Information about your spouse and children's income**

<u>Spouse</u>	Salary \$ _____	<u>Children</u>	Salary \$ _____
	Dividends _____		Dividends _____
	Interest _____		Interest _____
	Total \$ _____		Total \$ _____

21. **Liabilities (list bank loans and other significant debts or contingent liabilities)**

Amount \$ _____ owed to: _____

(name and address)

Amount \$ _____ owed to: _____

(name and address)

22. **Preliminary Considerations – Distribution of Your Estate**

Burial instructions: _____

Do you wish to make specific bequests of personal items in your will, prior to the general division of residue? If so, please describe the item and the donee in detail to clearly identify each. _____

Do you wish to make specific cash legacies to individuals or charities prior to the general division of residue? If so, please state the amount and the donee.

What is to happen if a named beneficiary of a personal item or cash legacy does not survive you? Is the gift to go to his or her issue (if any) or simply fall back into the residue of your estate? _____

What is to happen if you have left a personal item to a beneficiary but at the time of your death, you do not possess it? Shall there be a substituted gift or not? _____

Residue

Provisions for spouse (if any) outright distribution spousal trust

Provisions for children immediate payment hold up of capital until certain ages

Provisions for others (siblings, friends, etc.) _____

Alternate provisions if spouse and children all predecease you or die in a common disaster _____

Do any of your proposed residuary beneficiaries require special financial or protective consideration (i.e. disabled beneficiary) Yes No

23. **Professional Advisor – Names, Addresses and Telephone Numbers**

Solicitor: _____

Accountant: _____

Investment Advisor: _____

Banker: _____

Insurance Broker: _____

24. **Checklist of Documentation to be Reviewed**

- Current will (self and spouse)
- Employment benefits - pension and fringe benefit package
 - previous employment benefits
 - spouse's employment benefits
- A recent printout of your pension/employment benefits
- Income tax return (self and spouse) for last 2 years
- Insurance policies in force, with most recent status
- Trust documents involving family members
- Brokerage statements
- Other investment documentation as applicable
- Mortgages (debt and investment)
- General insurance coverage
- Business agreements (including shareholder/partnership)
- Marriage contract

Signature of Client

Date