

Passing on Your Wealth – Record Keeper

This workbook has been developed to help you organize your personal and financial information. Maintaining accurate records, ensuring that your personal documents are up-to-date, and meeting regularly with your financial professional(s) can help to alleviate your financial worries. Once you have completed the workbook, a copy should be placed with your Will and kept up to date.

My TD contact	
Name:	
Title:	
Phone:	
Address:	

It is important to note that the personal information you are recording in this workbook is highly sensitive and therefore should be placed in a secure location such as your safe deposit box or home safe. If you are not placing it in a secure location, consider excluding personal identity information such as Social Insurance and Health Card numbers.

Personal Information	Date Prepared:
Your full name:	
Date of Birth:	Place of Birth:
Address:	
Phone:	
Driver's License #/Card Location:	
Provincial Health #/Card Location:	
Social Insurance #/Card Location:	
Spouse/partner's name:	
Date of Birth:	Place of Birth:
Address:	
Phone:	
Driver's License #/Card Location:	
Provincial Health #/Card Location:	
Social Insurance #/Card Location:	
Child's name:	
Date of Birth:	Place of Birth:
Address:	
Phone:	
Provincial Health #/Card Location:	
Social Insurance #/Card Location:	
Child's name:	
Date of Birth:	Place of Birth:
Address:	
Phone:	
Provincial Health #/Card Location:	
Social Insurance #/Card Location:	

Place of Birth:

Child's name:

Date of Birth:

Provincial Health #/Card Location: Social Insurance #/Card Location:

Address: Phone:

Important Documents

Document	Location
Will	
Power of Attorney	
Birth Certificates	
Marriage Certificate	
Passports	
Income Tax Returns	
Banking Records	
Credit Cards	
Investment Records	
Loans/Mortgage Records	
Vehicle Ownership Records	
Insurance	
Other:	
Other:	
Other:	
Other:	

Household Accounts

Туре	Provider	Account #	Phone Number
Electricity			
Gas			
Utilities			
Property Tax			
Internet			
Telephone			
TV			
Cell Phone			
Cell Phone			
Security			
Magazine			
Magazine			
Newspaper			
Club Membership			
Other:			

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Account Type	Institution	Owner	Account #

Investment Accounts

Account Type	Institution	Owner	Account #

Pension Plans

Account Type	Institution	Owner	Account #

Fixed Assets

Account Type	Institution	Owner	Account #

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Туре	Institution	Owner	Account #

Insurance

Туре	Institution	Owner	Account #

Professional Advisors

Туре	Name	Phone Number
Financial		
Investment		
Insurance		
Physician		
Lawyer		
Accountant		

Business Business Name: Address: **Nature of Business:** Type of Business: Ownership %: Other owners/Partners: **Buy-Sell Agreement: Key Person Insurance:** Notes

