

**WILL INSTRUCTION QUESTIONNAIRE**

Date: \_\_\_\_\_

We ask that you complete this form as thoroughly as possible before we meet because it will provide us with essential information and help us to identify the items which we should discuss with you. Not all questions will apply to your situation. Please call us if you have any questions about completing this Questionnaire.

The Questionnaire is divided into three parts. The first part asks you for information about you and your family. The second part asks you for information about your assets. There could be a number of reasons why this information is important. The third part of the Questionnaire is intended to assist you to decide what should be in your Will. While you may not be able to answer all the questions in Part 3 applicable to you, you will at least have an opportunity to think about them before we meet.

The form may not elicit from you all the information you wish to give us or which we wish to obtain from you. Please make note of all additional information concerning you, your family, assets and liabilities you feel may be necessary or helpful to us in advising you.

Please note that the Questionnaire assumes that only British Columbia law applies to you, as well as federal tax laws of Canada and the United States. If this is not the case, it may be necessary for you to consult a lawyer in another jurisdiction about your Will. We would be pleased to assist you with seeking counsel in another jurisdiction. Unless expressly requested to do so, we do not check the names of the registered owners of assets.

This form has been designed to be completed by one person or by a couple.

**WILLS, ESTATES & TRUSTS GROUP**

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*To book an appointment with one of our lawyers or for further information, please contact Amelia Franco.*

# PART 1 - CLIENT INFORMATION

## 1. INFORMATION ABOUT YOU

(\* required by the Law Society of British Columbia: client identification and verification rules)

**\*Full Name:**

Other names you are or have been known by (*Example: your name is Shaun but you use "Sandy"*)

**\*Address:**

**\*Occupation** (*if retired please also include former occupation*):

**\*Business Address:**

Date of Birth (dd/mm/yy):

Place of Birth (City/Province/Country):

Relationship Status (including plans to marry)

- single       married       separated       widowed  
 engaged       cohabiting       divorced

Citizenship:

- Canadian       United States       registered Indian as defined in the *Indian Act*  
 other: \_\_\_\_\_

On what date did you:

(a) move to Canada (if applicable): \_\_\_\_\_

(b) become a Canadian citizen (if applicable): \_\_\_\_\_

Do you have a parent or grandparent who is/was a U.S. citizen?  yes  no

**\*Telephone no. (home):**

**\*Telephone no. (work):**

Fax no. (home)

Telephone before faxing?  yes  no

Fax no. (work)

Telephone before faxing?  yes  no

Email address:

Mail/Fax to be sent to:  home  work

## 2. INFORMATION ABOUT YOUR SPOUSE/PARTNER

(\*required by Law Society Rules if acting for both client named above and his/her spouse/partner)

**\*Full Name of Spouse/Partner:**

Other names your spouse/partner is or has been known by:

**\*Occupation** (*if retired please also include former occupation*):

**\*Business Address:**

Date of Birth (dd/mm/yy):

Place of Birth (City/Province/Country):

Marital Status (including plans to marry)

- single       married       separated       widowed  
 engaged       cohabiting       divorced

Your marriage is:  a legal marriage       common law marriage

Citizenship:

- Canadian       United States       registered Indian as defined in the *Indian Act*  
 other: \_\_\_\_\_

On what date did you:

(a) move to Canada (if applicable): \_\_\_\_\_

(b) become a Canadian citizen (if applicable): \_\_\_\_\_

Do you have a parent or grandparent who was a U.S. citizen?  yes  no

**\*Telephone no. (home):**

**\*Telephone no. (work):**

Fax no. (home)

Telephone before faxing?  yes  no

Fax no. (work)

Telephone before faxing?  yes  no

E-mail address:

Mail/fax to be sent to:  home  work

### 3. YOUR MARRIAGE

Date of marriage (dd/mm/yy):

Place of marriage (City/Province/Country):

Country and Province/State of residence when you married:

Have you signed a Marriage Agreement?  yes  no

If we do not have a copy, please provide us with one so that we may determine your Estate's obligations (if any) under it.

Have you signed a Separation Agreement?  yes  no

If we do not have a copy, please provide us with one so that we may determine your Estate's obligations (if any) under it.

Have any family law proceedings taken place or been commenced?  yes  no

If YES, please provide details:

### 4. PRIOR MARRIAGE(S)

Have you been previously married?  yes  no

Name of former spouse:

Do you have to pay maintenance to your children or former spouse?  yes  no

If we do not have a copy of the Agreement or Court Order regarding maintenance provisions, please provide us with one so that we may determine your Estate's obligations (if any) under it.

### 5. OTHER PERSONAL RELATIONS

Are you now cohabiting with someone other than a person to whom you are legally married:

no if  yes

Name: \_\_\_\_\_

If you are not married, but cohabiting with someone, she/he may be a common law spouse, may have a claim for maintenance, or may have an interest in wealth acquired during your relationship.

Do you have a cohabitation agreement?  yes  no

If we do not have a copy, please provide us with one so that we may determine your Estate's obligations (if any) under it.

Have you recently ceased cohabiting with someone with whom you cohabited with 2 years or more?  yes  no

## 6. YOUR CHILDREN

"Child" includes a child of your marriage, a child born outside of marriage and an adopted child. Please provide the following information for each of your children and your spouse/partner's children.

Full Name*	Date of Birth (dd/mm/yy)	U.S. resident? (Yes/No)	U.S. citizen? (Yes/No)	Is this child yours, your spouse's or both?	Does this child reside with you? (Yes/No)

Please mark with a "\*" if the child has a disability, with a "\*\*\*" if the child is deceased and with "\*\*\*\*" if the child is a resident or citizen of a country other than Canada or the U.S.

## 7. YOUR NEXT-OF-KIN

If you do not have a spouse or child, please list those who are your closest relatives: parents, siblings, nieces or nephews, etc. Please identify those closest by relationship and also indicate (\*) those with whom you have the closest personal connection.

Full Name	Address	Relationship

## 8. OTHER DEPENDENTS

Is there someone dependent upon you for financial support for whom you wish to provide, such as an elderly parent?  no if  yes, please complete the following:

Full Name**	Address	Relationship

\*\* Please mark with a "\*\*\*\*" if the dependent has a disability.

## 9. OTHER RESPONSIBILITIES

Are you now serving as the legal guardian for a person under age 19 (other than your own children)?  no if  yes,

Full Name	Address	Relationship

Who do you want to appoint to act in your place if you die before the child or children reach 19? Indicate whether primary, alternate, or joint

	Person 1	Person 2	Person 3
Full name			
Address			
Occupation			
Relationship to you			
	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate

Are you now serving as the Committee or other legal guardian for a disabled or incapacitated Adult?  no if  yes, Full Name, Address and Relationship to you:

Are you now serving as Executor of an Estate of someone who has died?  yes  no

Who do you want to appoint to act in your place if you die before you complete the administration of the Estate?

Full name, address, occupation and relationship to you:

Have you been appointed as the Executor for someone who is still living?  yes  no

Are you entitled to appoint someone to act in your place if you die before this person?

no If  yes, who do you want to appoint?

Full Name	Address	Relationship

Are you now acting as an Attorney?

no If  yes, Full Name, Relationship and Address of Donor:

enduring  springing

**10. ADDITIONAL INFORMATION  
(NOTE THAT A SKETCH OF YOUR FAMILY TREE MAY BE HELPFUL.)**

## PART 2 - FINANCIAL INFORMATION

### ASSETS

Please describe the assets you have and provide the requested information. If you have additional assets, please attach a separate listing.

#### \*Commentary on joint assets:

Assets held in joint names can have different legal results on death of one of the joint holders under Canadian law. The intention may be: (1) when one owner dies the other gets the entire asset; (2) the asset is jointly owned for convenience only and will form part of the estate of the person who transferred the asset into joint title; or (3) the person owns the beneficial interest during their lifetime and on their death it goes to the survivor. Please indicate what you intend to have happen to each jointly held asset on your death.

Under the U.S. Internal Revenue Code, joint title by U.S. citizens with non-U.S. citizens or joint ownership of U.S. property by any non-U.S. citizens may have unexpected tax consequences. If you have joint property subject to this rule, or the rules of any other country, please discuss with your lawyer.

### 1. REAL ESTATE

#### (a) Residence

	In Your Name	In Spouse/Partner's Name	In Joint Names* <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common
Street Address			
Legal Description, if known			
Estimated Value	\$		
Estimated Mortgage Balance	\$		
Acquisition Date			
Acquisition Cost	\$		
Is Mortgage Life Insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Property Tax: Are you deferring property tax? <input type="checkbox"/> yes <input type="checkbox"/> no		Approximate balance owing: \$ _____	

#### (b) Recreational Real Estate

	In Your Name	In Spouse/Partner's Name	In Joint Names* <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common
Street Address			
Legal Description, if known			
Estimated Value	\$		
Estimated Mortgage Balance	\$		
Acquisition Date			
Acquisition Cost	\$		
Is Mortgage Life Insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**(c) Investment Real Estate**

	In Your Name	In Spouse/Partner's Name	In Joint Names* <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common
Street Address			
Legal Description, if known			
Estimated Value	\$		
Estimated Mortgage Balance	\$		
Acquisition Date			
Acquisition Cost	\$		
Is Mortgage Life Insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**(d) Investment Real Estate cont.**

	In Your Name	In Spouse/Partner's Name	In Joint Names* <input type="checkbox"/> joint tenants <input type="checkbox"/> tenants in common
Street Address			
Legal Description, if known			
Estimated Value	\$		
Estimated Mortgage Balance	\$		
Acquisition Date			
Acquisition Cost	\$		
Is Mortgage Life Insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**(e) Other Interests in Real Estate**

Have you granted any option to anyone to buy your real estate?  no  
If  yes, details: \_\_\_\_\_

Do you have any options to buy any other real estate:  no  
If  yes, details: \_\_\_\_\_

Do you have a life interest or long term lease on any property?  no  
If  yes, details: \_\_\_\_\_

Have you sold any property by way of an ongoing agreement for sale?  no  
If  yes, details: \_\_\_\_\_

Other: \_\_\_\_\_

**2. BUSINESS INTERESTS**



**(a) Interest in a proprietorship (unincorporated business)**

	In Your Name	In Spouse/Partner's Name	In Joint names*
Description			
Estimated Net Value			
Estimated Original Cost (or adjusted cost base)	\$	\$	\$

**(b) Interest in a Partnership**

(Please attach a copy of your partnership agreement)

	In Your Name	In Spouse/Partner's Name	In Joint Names*
Description			
Estimated Net Value			
Estimated Original Cost (or adjusted cost base)	\$	\$	\$

Is your partnership interest life insured?  yes  no

**(c) Interest in Private Company(ies)**

	In Your Name	In Spouse/Partner's Name	In Joint Names*
Description			
Estimated Net Value			
Estimated Original Cost (or adjusted cost base)	\$	\$	\$

Location of Certificates:

Is there a Shareholders Agreement or a Buy Sell Agreement, or any other restriction on sale?

*Please attach a copy of the most recent financial statements and any Shareholders Agreement or Buy Sell Agreement?*

yes  no

Is there life insurance to buy out your interest on your death?

yes  no

If you are the only director, do you want to appoint an additional director?

yes  no

Have you used your capital gains exemption (if shares qualify)?

yes  no

Has anyone appointed you as an attorney under a power of attorney?

yes  no

**3. PERSONAL PROPERTY (indicate if items are not locate in or at your home)**

**(a) Bank Accounts & Term Deposits**

	In Your Name	In Spouse/Partner's Name	In Joint Names*
1. Financial Institution Name			<input type="checkbox"/> Survivor takes all
Account Number			<input type="checkbox"/> Joint for convenience, forms part of Estate
Amount	\$	\$	<input type="checkbox"/> Beneficial interest to survivor on death
2. Financial Institution Name			<input type="checkbox"/> Survivor takes all
Account Number			<input type="checkbox"/> Joint for convenience, forms part of Estate
Amount	\$	\$	<input type="checkbox"/> Beneficial interest to survivor on death
3. Financial Institution Name			<input type="checkbox"/> Survivor takes all

Account Number			<input type="checkbox"/> Joint for convenience, forms part of Estate
Amount	\$	\$	<input type="checkbox"/> Beneficial interest to survivor on death
4. Financial Institution Name			<input type="checkbox"/> Survivor takes all
Account Number			<input type="checkbox"/> Joint for convenience, forms part of Estate
Amount	\$	\$	<input type="checkbox"/> Beneficial interest to survivor on death

**(b) Securities/Bonds/Shares (Please note if any restrictions on sale or trade)**

	In Your Name	In Spouse/Partner's Name	In Joint Names*
1. Description			<input type="checkbox"/> Survivor takes all
Location			<input type="checkbox"/> Joint for convenience, forms part of Estate
Value	\$	\$	<input type="checkbox"/> Beneficial interest to survivor on death
Acquisition Date			
Acquisition Cost	\$	\$	\$
2. Description			<input type="checkbox"/> Survivor takes all
Location			<input type="checkbox"/> Joint for convenience, forms part of Estate
Value	\$	\$	<input type="checkbox"/> Beneficial interest to survivor on death
Acquisition Date			
Acquisition Cost	\$	\$	\$

**(c) Life Insurance**

	On Your Life	In Spouse/Partner's Name	In Joint Names*
1. Insurance Company			
Policy Number(s)			
Owner			
Designated Beneficiary			
Amount	\$	\$	\$

2. Insurance Company			
Policy Number(s)			
Owner			
Designated Beneficiary			
Amount	\$	\$	\$

**(d) Pension Plans & Annuities**

	In Your Name	In Spouse/Partner's Name	In Joint Names*
Plan Issuer			
Terms			
Beneficiary			
Amount	\$	\$	\$

**(e) RRSPs & RRIFs**

	In Your Name	In Spouse/Partner's Name	
Plan Issuer			
Account Number(s)			
Designated Beneficiary			
Amount	\$	\$	\$

**(f) RESP**

	You	Someone Else	In Joint Names*
Plan Issuer			
Subscriber			
Account Number(s)			
Plan Beneficiaries			
Successor Subscribers			
Amount	\$	\$	\$

**(g) Collectibles & Other Valuables**

	In Your Name	In Spouse/Partner's Name	In Joint Names*
Description			
Location			
Estimated Value	\$	\$	\$

**(h) Personal Effects (including furniture, automobiles, boats, etc.)**

	In Your Name	In Spouse/Partner's Name	In Joint Names*
Description			
Location			
Estimated Value	\$	\$	\$



**(b) Guarantees?**  yes  no

	In Your Name	In Spouse/Partner's Name	In Joint Names
Name of Creditor			
Amount Owing	\$	\$	\$
Life Insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**(c) Indemnities?**  yes  no

	In Your Name	In Spouse/Partner's Name	In Joint Names
Name of Creditor			
Amount Owing	\$	\$	\$
Life Insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**(d) Other?**  yes  no

	In Your Name	In Spouse/Partner's Name	In Joint Names
Name of Creditor			
Amount Owing	\$	\$	\$
Life Insured?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

"Other" creditors may include former spouses/partners and their claim for maintenance or the division of family assets.

**(e) Have you given any security agreements for any amounts owed by you?**

no      If  yes, please provide details:

**(f) Have you agreed to buy any property?**

no      If  yes, please provide details:

## 2. U.S. REPORTING

If you are a U.S. citizen:

(a) Have you filed U.S. tax returns for the past 6 years?  yes  no

(b) Have you filed U.S. FBAR forms with respect to your non-U.S. bank and investment accounts?  
 yes – for which tax years: \_\_\_\_\_  no

If your spouse or partner is a U.S. citizen:

(a) Has your spouse or partner filed U.S. tax returns for the past 6 years?  yes  no

(b) Has your spouse or partner filed U.S. FBAR forms with respect to his/her non-U.S. bank and investment accounts?  
 yes – for which tax years: \_\_\_\_\_  no

## 3. REPORTING IN OTHER COUNTRIES

If you or your spouse is a resident or citizen of any other jurisdiction, are income tax returns filed in that jurisdiction?  yes  no

Details:

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#### 4. ENVIRONMENTAL ISSUES

“Industrial Activity” means chemical, construction, dry-cleaning, electrical, electronic, laboratory, machinery, metal fabrication, photo development, printing or publishing, service stations, vehicle maintenance or transportation, textiles and wood preservation and like activities.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • Are you now or have you ever in the past been involved in a business (as an owner or operator) which carried on an Industrial Activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you now own, or have you ever in the past owned, land on which an Industrial Activity was carried on?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you aware of any environmental contamination on land or buildings you now own or you owned in the past?                             | <input type="checkbox"/> | <input type="checkbox"/> |

#### ESTIMATED NET VALUE OF ESTATE

	Your Name	Spouse/Partner's Name	Joint Names
Total Assets	_____	_____	_____
Less Total Debts	_____	_____	_____
Less Estimated Tax Liability	_____	_____	_____
<b>Total Net Value of Estate</b>	_____	_____	_____

#### 5. ADDITIONAL INFORMATION

## PART 3 - WILL INSTRUCTIONS

### 1. EXECUTORS/TRUSTEES

Who do you want to appoint as your Executor(s) and Trustee(s)? If appointing more than one person, please indicate whether Primary, Alternate or Joint.

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
U.S. Citizen (or other country)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Relationship to You			
Capacity	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>

Do you wish a majority of your Trustees to be able to make decisions?  yes  no, all must act unanimously.

### 2. APPOINTMENT OF GUARDIAN(S) FOR INFANT CHILDREN

Do you have a child under age or do you anticipate having children?  yes  no

Who is to be their guardian(s) should you die before they reach age 19? Indicate whether primary, alternate or joint.

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
Relationship to You			
Capacity	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>	<b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b> <input type="checkbox"/>

### 3. PERSONAL EFFECTS

This includes clothing, jewellery, household goods, furniture, automobiles, boats and art. Do you want to leave a particular item to anyone?  yes  no

Full Name	Address	Relationship to You	Description of Item

#### 4. CASH LEGACY

Do you want to give a cash gift to anyone?  no If  yes, please complete the following:

Full Name	Address	Relationship to You	Amount
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#### 5. CHARITABLE GIFTS

Do you want to give cash or another gift to charity?  no If  yes, please complete the following:

Name of Charity	Address	Cash Amount/Specific Assets
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- ▶ We recommend that you contact the charity to confirm that you have the charity's correct name, that it is a Canada Revenue Agency registered charity and, if the gift is to be used for a particular charitable purpose, that the charity in fact carries on that purpose. Note that gifts of appreciated shares in publicly traded companies to a charity may be very tax effective. If your charitable giving contemplates deductions for U.S. tax, please indicate as this may require additional steps.

#### 6. GIFT OF RRSP OR RRIF

Have you filed a designation of beneficiary with the Plan Issuer(s)?

- "No or I don't know, but I want \_\_\_\_\_ to be the beneficiary."
- "Yes, but I want to change it to " \_\_\_\_\_ ."

- ▶ Please check with the Plan Issuer as to the Plan's requirements for making a valid designation. Some Plans require a prescribed form to be filed with them. Others do not permit a designation to be made by Will.
- ▶ If your RRSP/RRIF beneficiary is **not** the beneficiary of your estate, you should know that the estate (not the RRSP beneficiary) may be responsible for the income taxes payable on your death with respect to your RRSP.

#### 7. GIFTS OF TFSA

Have you designated a successor holder with the TFSA issuer(s)?

- No/Don't know, but I want \_\_\_\_\_ to be the successor or holder.



Yes, but I want to change the holder to \_\_\_\_\_.

Have you filed a designation of beneficiary with the TFSA issuer(s)?

No/Don't know, but I want \_\_\_\_\_ to be the beneficiary.

Yes, but I want to change the beneficiary to \_\_\_\_\_.

- ▶ Please check with the TFSA issuer as to the TFSA's requirements for making a valid designation. Some arrangements may require a prescribed form to be filed with the issuer. Others may not permit a designation to be made by Will.
- ▶ There may be preferential income tax treatment available if your spouse or common-law partner is designated as the successor holder of your TFSA.

## 8. GIFT OF PENSION PLAN

Legislation applicable to your pension plans may vary. The B.C. *Pension Benefits Standards Act*, for example, may require that your pension benefits be paid to your spouse. The definition of "spouse" may vary from plan to plan. Have you filed a designation of beneficiary with the Plan Administrator(s)?

"No or I don't know, but I want \_\_\_\_\_ to be the beneficiary."

"Yes, but I want to change it to \_\_\_\_\_".

- ▶ Please check with the Pension Plan Administrator as to the Plan's requirements for making a valid designation. Some Plans require a prescribed form to be filed with them. Others do not permit a designation to be made by Will.

## 9. SPOUSAL RRSP CONTRIBUTION

Within 60 days of the end of the year in which you die, your executors may make a final contribution to a spousal RRSP.

Do you want your estate to make a contribution to an RRSP in your spouse's name?

yes       no

Do you want the contribution to include any unused contribution room that you may have accumulated in earlier years?

yes       no

## 10. RESP CONTRIBUTION

If there is no surviving joint contributor to your RESP, your executors may be able to become a successor contributor to that RESP.

Do you want your estate to make a contribution to any RESP you set up, if possible?

yes       no

## 11. LIFE INSURANCE POLICIES

If you have already designated a beneficiary with the insurance company, you do not have to duplicate the designation in your Will.

Do you want to designate a beneficiary or change the beneficiary of your insurance policy(ies)?

yes       no

Which policies?       all; or       some: describe (insurance company and Policy No.)

Policy No.

Policy No.

Beneficiary's full name and relationship to you

Full Name:

Relationship to you:

- ▶ We recommend that we file a designation of beneficiary on your behalf with the insurance company. If you change your designation by Will, do not file any further documents with the insurance company without consulting your lawyer.

## 12. AIRMILES OR AEROPLAN OR SIMILAR REWARD POINTS PLAN

Does your plan permit your points to be transferred by Will (see section 3(j) on page 12)?

yes       no

If yes, describe membership(s):	Beneficiary's name, address and relationship to you

### 13. SPECIFIC GIFTS - OTHER

Do you want to leave a particular asset such as real estate, shares of a family business or a club membership to a particular person?

yes     no

If yes, describe asset:	Beneficiary's name, address and relationship to you

Who should pay the property transfer taxes related to the gift of any real property?     recipient     residue of estate

Does the recipient receive the property subject to any existing mortgage or other charges?     yes     no, estate to pay before transfer

Who is to bear income taxes (tax on capital gain) that may arise as a result of the deemed disposition of the asset?     beneficiary     residue of your estate

### 14. TRUST FUND

Do you want to set aside a fund for the support of a dependent such as a parent or child with a disability during his or her lifetime?     yes     no

Dependant's full name, address and relationship to you: \_\_\_\_\_

Amount to be put in trust fund (or share of residue of your estate):    \$ \_\_\_\_\_

Is he or she currently receiving disability benefits or other income subject to a means test?     yes     no

### 15. RESIDUE OF YOUR ESTATE

The residue is all the assets remaining in your Estate after payment of liabilities, taxes, specific gifts, legacies, etc. Trusts can be the cornerstone to estate planning, but your initial directions need not be burdened with all of the details of those trusts for us to prepare a preliminary plan for you. In this section, focus on your non-tax objectives and we will work to integrate them into a tax-effective structure. **If you want the residue of your Estate to go to your spouse/partner and children, please complete "(a)" and "(b)" below.** If you want it to go to someone else, please go to section "16" on page 21.

**(a) Provision for Spouse/Partner - SELECT ONE**

- Outright gift: My spouse/partner is to receive 100% of the residue of my Estate if he or she survives me for 30 days.
- Spouse/Partner trust: My Executor is to invest my Estate and pay my spouse/partner 100% of the net annual income produced by the residue of my Estate during my spouse's/partner's lifetime.

May your Executor use capital for your spouse's/partner's benefit if your Executor thinks it is necessary?  yes  no

On my spouse's/partner's death, the remainder is to be distributed as to my children or others per (b) below.

- Other provision for spouse/partner (please describe):
- None, why?
- ▶ If your spouse/partner is not happy with what you leave him or her, your spouse/partner can make a claim under the B.C. Wills Variation Act for a larger share of your Estate. Please prepare and give us a copy of a draft Memorandum setting out in as much detail as possible the reasons why you have excluded or limited the gifts to your spouse/partner or why he or she is neither in need or deserving.

**(b) Provision for Children - SELECT ONE**

What provision do you want to make for your children after any prior provisions for your spouse/partner?

- My Estate is to be divided equally among my children. If a child predeceases, his or her share of my Estate is to go to:
  - his or her children, or  divided equally among your other children

- My Estate is to be divided equally among my children but they are not to receive their inheritance until the following age(s):

\_\_\_\_\_ % at age \_\_\_\_\_; \_\_\_\_\_ % at age \_\_\_\_\_; \_\_\_\_\_ % at age \_\_\_\_\_;  
then balance at age \_\_\_\_\_

Before then, my Executor can use a child's inheritance for his or her benefit if my Executor thinks it is necessary. If a child dies before receiving 100% of his or her share of my Estate, what is left is to go to his or her children.

- Other provisions for children (please describe) (if unequal, why?):
- None, why?
- ▶ If your children are not happy with what you leave them, any of them can make a claim under the B.C. *Wills Variation Act* for a larger share of your Estate. Please prepare and give us a copy of a draft Memorandum setting out in as much detail as possible the reasons why you have excluded or limited the gifts to that child or why he or she is neither in need or deserving.

**(c) If All Else Fails**

Who should receive your Estate if none of your primary intended beneficiaries (i.e. spouse/partner, children, grandchildren) live to inherit?

Full Name of Person or Charity**	Address	Relationship (if person)
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Please provide dates of birth for any minors. Please mark with a "\*\*\*" if the beneficiary has a disability

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## 16. RESIDUE OF YOUR ESTATE - OTHER PROVISIONS

If you do not have a spouse/partner or children or do not want to leave your Estate to them, who should receive your Estate?

Full Name of Person or Charity**	Address	Relationship (if person)
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Please provide dates of birth for any minors. Please provide dates of birth for any minors and note if the beneficiary has a disability or is a resident or citizen of a country other than Canada.

## 17. EXECUTOR'S POWERS

### (a) Investments

If your Executor needs to invest your Estate, what kind of investments can your Executor invest in (select one):

- Unrestricted - any investment my Executor thinks is appropriate; or
- Restricted - to be discussed with your lawyer.

### (b) Private Business

If your Estate owns shares of a private company, or an interest in a business: **yes** **no**

- Can your Executor carry on that business?
- Can your Estate make loans to the business?
- Can the loans be unsecured?
- Can the loans be interest free?
- Can your Executor act as a director and be paid as a director?

### (c) Loans to Beneficiaries

**yes** **no**

- Can your Executor make loans to beneficiaries?
- Can the loans be unsecured?
- Can the loans be interest free?

### (d) Guarantees:

**yes** **no**

- Can your Executor renew a guarantee you gave before your death?
- Can your Executor give new guarantees?

### (e) Borrowing Power:

**yes** **no**

- Can your Executor borrow on behalf of your Estate on the security of Estate assets?

(f) Estate Assets:	yes	no
• Can your Executor hold, as estate investments, investments you own at your death?	<input type="checkbox"/>	<input type="checkbox"/>
• Can your Executor give a beneficiary his or her share of the estate by way of specific items or investments?	<input type="checkbox"/>	<input type="checkbox"/>
• Can your Executor repair assets before selling or distributing them?	<input type="checkbox"/>	<input type="checkbox"/>
• Can your Executor purchase Estate assets? <i>The general rule is that an Executor cannot purchase an Estate asset.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**(g) Funeral**

Do you wish to be  buried or  cremated

Do you have any specific wishes for your funeral or memorial service; and if you are being cremated, your ashes?  no If  yes, please describe below. Please inform your family of your wishes and request that they honour them.

Have any pre-paid arrangements been made?  yes, at: \_\_\_\_\_  no

**(h) Mutual Will**

If you and your spouse/partner sign Wills leaving your Estates to each other or with other similar terms, is your spouse/partner free to change his or her Will at any time, including after your death should you die first?

yes  no

► If  no, we recommend that your estate be held in trust for your spouse/partner rather than be an outright gift. See section 15(a). Discuss this with your lawyer.

**(i) Organ Donor**

Have you registered as an Organ Donor?  yes  no

*Please inform your family of your wishes in this regard and request that they honour them. See [www.transplant.bc.ca](http://www.transplant.bc.ca).*

**18. LIVING WILL**

Have you signed a Living Will that sets out your **wishes** as to the medical care you wish to receive if you should become incapacitated?

If  yes: *Please provide us with a copy.* If  no: *Would you like to?*  yes  no

**19. ADVANCE MEDICAL DIRECTIVE**

Have you signed an Advance Medical Directive that sets out your binding instructions for future health care that medical professionals are **required** to follow?

If  yes: *Please provide us with a copy.* If  no: *Would you like to?*  yes  no

## 20. NOMINATION OF COMMITTEE/GUARDIAN

Have you signed a Nomination of Committee in which you name the person or corporate trustee you would like the Court to appoint as your legal guardian if you should become incapable of managing your financial affairs or your person?

yes: *Please provide us with a copy.* If  no, would you like to?  yes  no

If yes, please provide us with the following information for the person(s) you wish to act as Committee(s) of your ***financial affairs***:

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
Relationship to You			
Capacity	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate

Do you want the same person(s) to act as Committee(s) of your ***person***.

yes  if  no, please provide the following information:

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
Relationship to You			
Capacity	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate

## 21. ENDURING POWER OF ATTORNEY

Would you like to have an Enduring Power of Attorney giving someone authority to look after your financial affairs if you should become incapacitated?

no If  yes, please provide us with the following information for the person(s) you wish to act as your attorney(s). Indicate whether primary, alternate or joint.

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
Relationship to You			
Capacity	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate	<input type="checkbox"/> Primary <input type="checkbox"/> Joint with others named <input type="checkbox"/> Alternate

If you wish to have more than one attorney, please tell us whether the attorneys must  *act together*, or whether they may  *act separately*.

		YES	NO
<b>(a)</b>	Do any of your attorneys have an interest in a private corporation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>(b)</b>	Should your attorney be able to charge fees? rate/amount \$_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>(c)</b>	Do you want your attorney to have authority to use your property for the benefit of others (e.g. spouse, child)?	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If yes, who can your attorney benefit? .....</li> </ul>		
<b>(d)</b>	Do you have an existing Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If yes, do you wish to revoke it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(e)</b>	Can your attorney make gifts or loans to any specific person or charity?	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If yes, who can your attorney make gifts or loans to?</li> </ul> <p>Names:</p>		
<b>(f)</b>	Can your attorney disclaim an interest you may receive from a bequest or inheritance?	<input type="checkbox"/>	<input type="checkbox"/>
<b>(g)</b>	Are any of your attorneys citizens or residents of the United States? If so, they may have reporting obligations regarding your accounts and investments.	<input type="checkbox"/>	<input type="checkbox"/>

## 22. REPRESENTATION AGREEMENT

Have you signed a Representation Agreement in which you name someone as your legal Representative(s) for health care matters or financial matters or both?

- yes: *Please provide us with a copy.*
- no: *Would you like to?*    yes    no

If yes, please provide us with the following information for the person(s) you wish to act as Representative(s) for health care and personal matters.

	Person #1	Person #2	Person #3
Full Name			
Address			
Occupation			
Relationship to You			
Capacity	<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b>	<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b>	<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> Joint with others named <input type="checkbox"/> <b>Alternate</b>



- 
- ▶ We are recommending a Power of Attorney for financial matters rather than a Representation Agreement. You may wish to discuss this with your lawyer.
- 

The law currently provides that your Representative cannot make decisions that interfere with your religious practices unless you specifically give your Representative that authority. Please let us know if you wish your Representative to have that power.  yes

no **OR** you have no religious practices and your Representative may not initiate or involve you in any religious practices.

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### 23. ADDITIONAL COPIES

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Do you want to send a copy of your Will and any other documents we prepare for you to anyone?

- no  If yes, set out name, address and relationship to you:

- 
- ▶ We typically do not recommend giving copies to friends or relatives - only a corporate trustee or other professional advisor obligated to keep the contents confidential.

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### 24. CORPORATE EXECUTOR

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If you appoint a financial institution as an original or alternate executor and trustee, may we provide to it:

	YES	NO
• a copy of your executed Will?	<input type="checkbox"/>	<input type="checkbox"/>
• information from this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>

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### 25. RELEASE OF WILL TO ATTORNEY ACTING UNDER A POWER OF ATTORNEY

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If your Attorney(s) named in your Power of Attorney requests your Will, may we provide to him/her:

	YES	NO
• your original executed Will?	<input type="checkbox"/>	<input type="checkbox"/>
• a copy of your executed Will?	<input type="checkbox"/>	<input type="checkbox"/>
• information about assets you have given to specific people in your Will?	<input type="checkbox"/>	<input type="checkbox"/>
• information from this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>

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### 26. OTHER INSTRUCTIONS

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Is there anything else you want included in your Will or to discuss with us about your Will or your personal circumstances? If so, please note on a separate page.



## FOR DAVIS LLP USE

Conflicts check complete?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Date(s) of meeting with clients	[list]	
Persons present at meeting	[list]	
Languages		
English read?	<input type="checkbox"/> yes	<input type="checkbox"/> no
English spoken?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Translator required?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Language:	
Contemplation of marriage?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>Indian Act</i> applicable?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Testamentary capacity?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Undue influence?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Disabled beneficiaries?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Wills variation/family law/constructive trust/unjust enrichment issues?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Section 251 of the <i>Income Tax Act</i> applicable? Discussed?		
<input type="checkbox"/> Requires provision for “restrictions regarding private companies”.		
<input type="checkbox"/> Requires separate springing Power of Attorney for shares of private companies: powers restricted to appointment for voting shares (to avoid the application of s. 251 of the <i>Income Tax Act</i> to shares of private corporations in Canada in which the donor has an interest until such time as the attorney, presumably having considered the consequences, appoints someone to vote shares).		
Foreign issues: Domicile:		
Marriage in community property regime?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Habitual residence outside BC when married?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Foreign citizenship?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Assets outside BC?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Foreign reporting?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Capacity under foreign law?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Either parent born in USA?	<input type="checkbox"/> yes	<input type="checkbox"/> no
RRSP/RRIF or RESP or TFSA set up outside BC?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Joint tenancy(ies) (in name or in fact)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Insurance declaration?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Survivorship considered?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Taxes on transfer of property—income tax, property transfer tax, and so on?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>Saunders v. Vautier</i> considered?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Rule against perpetuities problem?	<input type="checkbox"/> yes	<input type="checkbox"/> no

