

# Your Personal Information Directory

This directory has been created to help you keep track of important information and documents. It will also assist others who become involved in your affairs in the event of your disability or death.

Take time to complete this accurately and completely.

An up-to-date *Personal Information Directory* will ensure that your personal papers and records are easy to locate when needed.

## Personal Information Directory

#### Before completing this booklet, consider where it will be stored.

If it is easily accessible (an unlocked file cabinet, for example), you may want to protect your privacy and security by only listing the last four digits of an account (Bank ABC, Account #: xxx-xxxxx-3456). If you store it in a secure location, be sure to inform the appropriate people how to gain access.

Name (1):		
Name (2):		
Date Completed:		
My/Our Estate Trustees	s (Executor/Executrix)	
Name:		
Address:		
	Email:	
First alternate or co-execu	itor	
Name:		
Address:		
Phone:	Email:	
Second alternate or co-exe	ecutor	
Name:		
Address:		
Phone:	Email:	
My/Our Will(s) and Cod	dicil (if applicable)	
Location of orignial Will(s):		
Date:		
Codicil:	If yes, date:	
Original filed at:		

## **Incapacity Documents**

**Attorney for Property Issues** 

## Planning for when you cannot take care of yourself.

Name:		
Address:		
Phone:	Email:	
Alternate or Joint Attorney		
Name:		
Address:		
Phone:	Email:	
Location of original documents:		
Attorney for Health and Perso	nal Care Issues	
Name:		
Address:		
Phone:	Fmail:	
Alternate or Joint Attorney		
Name:		
Address:		
Phone:	Email:	
Location of original documents:		

## **Personal Information**

Name (1):	
Address:	
Postal code:	
Phone:	Email:
DOB:	Birthplace:
Name (2):	
Address:	
Postal code:	
Phone:	Email:
DOB:	Birthplace:
Children	
Name:	
Phone:	Email:
Name:	
Phone:	Email:
Name:	
Phone:	Email:
Name:	
Phone:	Email:
Name:	
Phone:	Email:
Name:	
Phone:	Email:

## **Business or Employer** Address: Province: Postal code: Contact name: Phone: Fmail: **Business or Employer** Address: Postal code: Province: Contact name: Phone: Fmail: ••••• **Business or Employer** Address: Postal code: Contact name: Phone: ••••• **Business or Employer** Address: Postal code: Contact name: Phone: Email: **Additional Personal Information**

# **Important Documents**

#### Write down the location of an important document and details for important information.

Birth certificate(s):		 
Marriage certificate:		 
Safety deposit box:		
Box #:	Keys:	
Health insurance card #:		
Social insurance #:	Keys:	 
ls your funeral prepaid?		 
Where?		 
Current year income tax information:		
Historical income tax returns and informatio	n:	
Insurance documents:		
Pension and annuity records:		
Loan and mortgage records:		
Property titles:		
Medical and dental records:		 
Driver's license and registration:		 
Passport:		 
Citations and awards:		 
Divorce and separation agreement:		 
Other:		 

## Financial and Insurance Records

Branch #	Account #
Branch #	Account #
Branch #	Account #
	Branch #

## Non-Registered Investment Account (Stocks/Bonds/Mutual Funds)

Name and address of broker:	
Phone:	
Name and address of broker:	
Phone:	
Insurance Policies	
Life:	Agent:
Life:	Agent:
Auto:	Agent:
Health:	Agent:
Home/Tenant:	Agent:
Credit Cards	
Name:	#:
Name:	#:
Name:	#:
Certificates:	
Personal Loans and Debt	

## Online Accounts (Financial, utilities, cloud storage, social media, etc.)

Account type:	Account name:
Username:	Password:
Account type:	Account name:
Username:	Password:
Account type:	Account name:
Username:	Password:
Account type:	Account name:
Username:	Password:
Account type:	Account name:
Username:	Password:
Account type:	Account name:
Username:	Password:
Account type:	Account name:
Username:	Password:
Sources of Income	
Name:	\$ per mo:

## Distribution of Personal Belongings

In addition to the distribution of my executor(s) to consider the followsehold effects:			
		 	••••••••••••
		 	•••••••••••••••••••••••••••••••••••••••
Other Requests or Instruction	าร		
		 	•••••••••••
		 	•••••••••••
		 	•••••••••••••••••••••••••••••••••••••••
		 	•••••••••••

Additional Information	

#### **About Abundance Canada**

Since 1974, Abundance Canada, a faith-based public foundation, has helped people support the causes they care about during their life and beyond. Abundance Canada envisions a world where everyone lives generously. From changing lives to making the dream of better communities a reality, the foundation believes that generosity changes everything<sup>™</sup>.

Abundance Canada helps people achieve their philanthropic goals by working with them to design and implement a customized Generosity Plan<sup>TM</sup>. A Generosity Plan is a strategic and flexible approach to charitable giving and a unique roadmap for how you achieve your philanthropic goals. Your Generosity Plan maps out the best strategic options for giving today, tomorrow, and well into the future, while giving you the flexibility to adapt to your changing circumstances and explore new opportunities along the way.

Your Generosity Plan may include various gifting options, such as:

- · Gift of Publicly Traded Securities
- Gift of Life Insurance
- Gift of Registered Accounts (RRSP/RRIF/TFSA)
- · Gift of Private Company Shares
- · Gift of Cash
- Gift in a Will

A Generosity Plan at Abundance Canada simplifies the entire process of charitable giving (donate, manage, distribute), so you can focus on what matters most: the joy of living generously.

For further information, contact us via email at <u>generosity@abundance.ca</u> or call us at 1-800-772-3257.



Generosity changes everything abundance.ca | 1.800.772.3257

Charity Registration No: 12925-3308-RR0001