

Will Questionnaire

Canadian Members





PLEASE PRINT

estate n. Everything that you own at your passing after payment of debts and taxes. You make decisions regarding the share of your estate that you wish to give to your beneficiaries.

will n. A document which provides who is to receive your property, who will administer your estate, who will serve as guardian of your children, if applicable, and other provisions.

peace of mind n. The wonderful feeling you get as a LegalShield member after having your Will prepared by a qualified law firm at a reasonable price.

FOR YOUR INFORMATION
MEMBER AND SPOUSE FILLING OUT A SEPARATE FORM
 In order to meet each person's unique needs, you must each fill out a Will Questionnaire

Get Started!

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WHAT YOU'LL NEED TO FILL THIS OUT:

- Copy of your Pre-or-Post Marriage Contract (if applicable)
- Names and birthdates of your children and grandchildren (if applicable)
- The name and contact information of the person you've chosen to be guardian of your child(ren), the trustee(s) of your estate, and your personal representative.

HELPFUL INFORMATION BEFORE YOU GET STARTED!

- This Will Questionnaire is NOT your Will. It will help your Provider Law Firm prepare your Will. All questions applicable to you MUST be completed in their entirety in order to have your Will prepared. Providing an estimated dollar amount for assets and debts is sufficient. All information provided is confidential.
- If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains.
- If you have questions while filling out this form, don't hesitate to call your Provider Law Firm at the number on your membership card.
- If you need the number to your firm, call Member Services at 1-800-440-8857 (7 am - 7 pm, Mon-Fri, Central Standard Time).

1) Full legal name (first, middle, last)

All other names by which you have been known:

Membership Number _____

Age ____ Date and Place of Birth _____

Sex Male Female Are you a Canadian citizen? Y N

If no, country of citizenship _____

2) Current residence:

Address _____

Postal Code _____

Home Phone _____ Work Phone _____

3) If you are married, list your spouse's full legal name. If in a partnership, list partner's name:

(first, middle, last, maiden) _____

Spouse/Partner's SIN _____ DOB _____

If applicable, date of marriage _____

Place of marriage _____

4) Do you and your spouse have a Prenuptial Agreement?

Y N N/A

If yes, attach copy with any filing data.

5) Do you plan on marrying or entering into a partnership agreement in the near future? Y N N/A

6) If either you or your spouse has been divorced, please answer the following. If not applicable, please go to question #8.

Date of marriage _____
 Date of divorce judgment _____
 Court rendering judgment _____
 Date of spouse's death (if applicable) _____

7) Obligations pursuant to previous marriages:

8) If applicable, are any of your children, stepchildren or grandchildren born outside of marriage? If yes, please provide details:

9) If you have children, including adopted children, state the following for each child. If you do not have children, please go to question #15.

Full name	Son/Daughter	Date of birth	Child of current marriage? (Y/N)
1			
2			
3			
4			

10) a. Deceased biological or legally adopted children if applicable.

Full name	Son/Daughter	Date of death

b. Deceased child's living children if applicable:

Full name	Son/Daughter	Date of birth	Parent's Name

11) If you have stepchildren, do you want them treated the same as your natural born or legally adopted children in your Will? Y N N/A
 If yes, state the following for each:

Full name	Male/Female	Date of birth	Parent's Name

12) If you have grandchildren, state the following for each. If not, go to question #13.

Full name	Parent's Name	Grandson / Granddaughter	DOB	Living? (Y/N)
1				
2				
3				

FOR YOUR INFORMATION

Spouse: Legally married person. Adult Interdependent Partner: A person who has lived with another person in a relationship of interdependence for a continuous period of three years, or of some permanence, if there is a child of the relationship by birth or adoption, OR the person has entered into adult interdependent partner agreement.



FOR YOUR INFORMATION

Your surviving spouse, adult interdependent partner, your children under 18 years and any children over 18 years who are physically or mentally disabled and thereby unable to earn a livelihood, have a right to apply for a greater share of your estate.



guard • i • an n.

A person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.

FOR YOUR INFORMATION

JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

If you own property jointly with another person as “joint tenants with right of survivorship,” your interest in that property will pass to the survivor upon your death. It will not pass according to the terms of your Will. If you own property jointly with another person without right of survivorship, your interest in that property will pass according to the provisions in your Will.

FOR YOUR INFORMATION

BENEFICIARY DESIGNATIONS

Beneficiary designations in life previously made in insurance policies, retirement plans, etc., will determine who receives those monies upon your death, not the provisions in your Will.

Halfway Point

- 1
- 2
- 3
- 4
- 5
- 6

13) Are any of your children or other beneficiaries mentally or physically disabled or have special needs? Y N If so, note any special provisions:

If so, are they presently receiving, or do you anticipate that they may apply for disability benefits in the future? Y N

14) If your children are under age eighteen (18), state the following for the person you wish to act as their guardian in the event of your death or in case of the joint death of you and your spouse (if married). If you do not have any minor children, please go to question #15.

Name(s) _____

Address _____

Relationship _____

If at the time of your death, the person(s) named above is/are unwilling to serve as guardian (custodian), please list an alternate:

Name(s) _____

Address _____

Relationship _____

15) List the estimated value of your assets as of today’s date. Include the dollar amount in the appropriate column(s).

ASSETS	VALUE		
		If Joint Assets- Name	Designated Beneficiary
a. Home			
b. Other real estate*			
c. Chequing, savings, or credit union accounts			
1.			
2.			
d. Automobiles & Other Vehicles			
e. Stocks, Mutual funds & other investments			
f. Interest in a business			
g. RRSPs			
h. Life Insurance Policies			
i. Miscellaneous			
TOTALS			

* Indicate if outside of Canada.

- 16) List your estimated debt in each category as applicable. Include the dollar amount in the appropriate column(s).

DEBTS	Individual Debts	Spouse's Separate Debts	Joint/Debts	Joint Debts/ Non-Spouse
a. Mortgages on home				

- 17) Do you want your spouse or partner as your **personal representative/executor**? Y N

Please list an alternate below. If not married or you wish to appoint someone other than your spouse, please indicate below.

Full name _____

Address _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name _____

Address _____

Do you wish them to act jointly? Y N
If yes, with whom?

Full name _____

Address _____

- 18) Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and would like to leave it to a specific person, please complete the following.

Item	Special Identifying Features	Recipient
_____	_____	_____
_____	_____	_____

FOR YOUR INFORMATION

Any shareholder agreement for a corporation in which you own shares should be forwarded with this package to your Provider Law Firm.

FOR YOUR INFORMATION

Your personal representative will manage and distribute your estate in accordance with the terms of your Will. The person you choose should be responsible, trustworthy, and willing and able to handle the responsibilities of the role. Since the responsibilities can extend over a number of years, you should choose a person of an appropriate age.

FOR YOUR INFORMATION

If your personal representative resides outside your Province, he or she may be required to post a bond equal to the value of your estate. If possible, choose a personal representative that resides in your Province or choose joint personal representatives, one of whom resides in your Province.

FOR YOUR INFORMATION

MUTUAL/MIRROR WILLS

Usual for a couple. Both spouses or partners have the same provisions in their wills.

FOR YOUR INFORMATION

One typical estate plan for married or partnered persons provides that if, when you die, your spouse or partner, all your children and grandchildren have predeceased you, your estate is to be divided equally between your family and the family of your spouse or partner. Usually, both you and your spouse or partner contribute to the estate.

19) Indicate how you want your assets to pass when you die.

Please check the ONE option you prefer:

Option A **I want my assets to pass to my spouse and children as follows:**

- To my spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed as follows:

Option B **I am unmarried with children and want my assets to pass as follows:**

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

Option C **None of the above. I want my assets to pass as follows:**

Almost Done!!

20) Execution of a Will is the best way to determine how your property will be distributed. However, it cannot address important issues regarding health care decisions. Your Provider Law Firm will prepare a **Power of Attorney for Personal Care** and **Continuing Power of Attorney for Property** at no additional charge if prepared with your Will. Who would you like to serve as your representative responsible for making sure your health care wishes are carried out?

Full name _____

Address _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name _____

Address _____

Please indicate your wishes by checking one box below:

- I want this person to be able to act on my behalf immediately.
- I want this person to be able to act on my behalf only upon certification by a doctor that I am no longer able to make decisions and act for myself.

Who would you like to serve as your representative responsible for making sure your property wishes are carried out?

Full name _____

Address _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name _____

Address _____

FOR YOUR INFORMATION

TAXES

While Death taxes are not currently imposed in Canada, income taxes must often be paid after death. Income tax may include tax on accrued capital gains (increase in the value of property over time.)

Confirmation of information and instructions:

I confirm the information provided by me in this form is complete and accurate and that the instructions I have provided reflect my wishes.

Signature _____ Print name _____

Date _____ Phone number to call if questions

_____ Email address _____

You have now completed your Will Questionnaire! Please see instructions on the next page for final steps on how to get your Will prepared.

Your LegalShield Plan **Will Questionnaire**

To have your Will prepared:

1 After completing the Will Questionnaire, mail it to your Provider Law Firm.

If you need to include additional information to this form, please include a separate sheet of paper. If you need your Provider Law Firm's address, please call their number on your membership card, or call Legal Shield Member Services toll-free at 1-800-440-8857. Use one stamp for each Will Form you send in.

They will prepare your Last Will & Testament based on the confidential information you provide in your Will Questionnaire. If they need additional information from you while completing your Will, they'll call you.

2 Your Provider Law Firm should mail you your completed Will within ten (10) business days of when they receive your completed Will Questionnaire.

You'll also receive instructions from your Provider Law Firm on how to have your Will finalized.

Safeguard your Will and make a copy for your executor.

3 Store your Will in a safe place with other important legal documents. Please remember that you—not your Provider Law Firm—are responsible for the safekeeping of your Will.