

There's Wealth in Our Approach.™



#### **RBC ESTATE & TRUST SERVICES**

RBC Estate & Trust Services has been serving Canadians since 1899. We provide individuals, families and businesses with valuable estate, trust and incapacity services, tailored to their specific needs. Our clients are often dealing with unique and complex issues, and want a personal relationship with a skilled advisor who can deliver tailored, thoughtful solutions.

#### WE OFFER OUR CLIENTS:

- Assistance in the preservation, management and transfer of wealth between generations by providing solutions to implement clients' estate and trust plans
- Financial security and peace of mind to elder Canadians who require assistance in the management of their affairs as they grow older
- Professional and impartial expertise in delivering estate and trust services
  - Strong history and legacy in managing fiduciary businesses
  - Professionals who have technical and practical experience
  - Compassion and understanding of the client's/family's experience

For more information, speak with an RBC advisor, call us at **1-855-833-6511** or visit our website at **www.rbc.com/estateandtrustservices**.



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#### INTRODUCTION

The estate inventory workbook is a tool that can be used by an executor\* when settling an estate. It has been developed to help the executor gather a comprehensive list of all information pertaining to the estate, such as:

- Personal information
- Beneficiary information
- Professional advisors
- Banking
- Investments
- Assets
- Pensions
- Insurance

\* In Ontario, an executor is called an estate trustee with a Will. In Quebec, an executor is called a liquidator.



If you have questions about your executor duties, speak with an RBC advisor, call us at 1-855-833-6511 or visit our website at www.rbc.com/estateandtrustservices.

### PERSONAL INFORMATION

Name of preparer:	
Date prepared:	
Name of deceased:	
Address:	
Phone:	Date of birth:
S.I.N.:	Date of death:
Beneficiaries	
1. Name:	Relationship:
Address:	
Phone:	Date of birth:
Email:	
2. Name:	Relationship:
Address:	
Phone:	Date of birth:
Email:	
3. Name:	Relationship:
Address:	
Phone:	Date of birth:
Email:	
4. Name:	Relationship:
Address:	
Phone:	Date of birth:
Email:	
5. Name:	Relationship:
Address:	
Phone:	Date of birth:
Email:	

# PERSONAL INFORMATION CONT.

Will	
Lawyer/notary:	
Address:	
Phone:	Date of Will/codicil:
Email:	
Executor(s)/trustee(s):	
Address:	
	Phone:
Type of Will:	
Will instructions/special clauses:	

#### **PROFESSIONAL ADVISORS**

Accountant	
Name:	Firm:
Address:	
Phone:	Fax:
Email:	
Lawyer/notary	
1. Name:	Firm:
Address:	
Phone:	Fax:
Email:	
2. Name:	Firm:
Address:	
Phone:	Fax:
Email:	
Investment advisor	
Name:	Firm:
Address:	
Phone:	Fax:
Email:	
Banker	
Name:	Firm:
Address:	
Phone:	Fax:
Email:	
Trust company	
Name:	Firm:
Address:	
Phone:	Fax:
Email:	

### **BANKING INFORMATION**

Accounts	-	
1. Name of financial institution:	Name o	of contact:
Address:		
Phone:		Balance: \$
Account number:		Account type:
2. Name of financial institution:	Name o	of contact:
Address:		
Phone:		Balance: \$
Account number:		Account type:
3. Name of financial institution:	Name o	of contact:
Address:		
Phone:		Balance: \$
Account number:		Account type:
Bank machine cards		
1. Issuer:		Card number:
2. Issuer:		Card number:
3. Issuer:		Card number:
Credit cards		-
1. Issuer:		Card number:
Expiry date:		Credit limit: \$
2. Issuer:		Card number:
Expiry date:		Credit limit: \$
3. Issuer:		Card number:
Expiry date:		Credit limit: \$

#### INVESTMENT INFORMATION

Details/location:

1. Firm:	Name of contact:	
Type*:	Account number:	
Ownership type/beneficiary**:	Value: \$	
Details/location:		
2. Firm:	Name of contact:	
Type*:	Account number:	
Ownership type/beneficiary**:	Value: \$	

3. Firm:	Name of contact:
Type*:	Account number:
Ownership type/beneficiary**:	Value: \$
Details/location:	

4. Firm:	Name of contact:
Type*:	Account number:
Ownership type/beneficiary**:	Value: \$
Details/location:	

5. Firm:	Name of contact:
Type*:	Account number:
Ownership type/beneficiary**:	Value: \$
Details/location:	

6. Firm:	Name of contact:
Type*:	Account number:
Ownership type/beneficiary**:	Value: \$
Details/location:	

\* Include cash accounts, margin accounts, Registered Savings Account, Retirement Income Fund, Locked-in Retirement Account, Locked-In RSPs, Life Income Fund, Locked-In Retirement Income Fund, Prescribed Retirement Income Fund, Registered Education Savings Plan, annuities, etc. \*\* If a registered account indicate beneficiary. If cash or margin account indicate whether held in single name, joint tenancy with right of survivorship or tenancy in common.

### PERSONAL ASSETS

Item description	Location	Beneficiary	Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

#### Real Estate

Principal residence address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$
Beneficiary:	
1. Other property address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$
Beneficiary:	
2. Other property address:	
Title held by:	Mortgage held by:
Date of purchase:	Deed location:
Purchase price: \$	Current market value: \$
Beneficiary:	

## PENSION PLANS

1. Company name:	Company contact:	
Phone:	Plan type*:	
Beneficiary:		
2. Company name:	Company contact:	
Phone:	Plan type*:	
Beneficiary:		

\* Defined benefit, money purchase or defined contribution; DPSP or group RRSP.

#### **BUSINESS INVESTMENTS**

Private corporations, partnerships and sole proprietorships		
1. Company or business name:	Name of contact:	
Type*:	Percentage of interest held:	
Location of documents:		
Legal counsel:	Beneficiary:	
Phone:	Email address:	
Partnership or Shareholder Agreement:		
2. Company or business name:	Name of contact:	
Type*:	Percentage of interest held:	
Location of documents:		
Legal counsel:	Beneficiary:	
Phone:	Email address:	
Partnership or Shareholder Agreement:		
3. Company or business name:	Name of contact:	
Туре*:	Percentage of interest held:	
Location of documents:		
Legal counsel:	Beneficiary:	
Phone:	Email address:	
Partnership or Shareholder Agreement:		

\* Sole proprietorship, partnership, corporation, etc.



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### LIFE INSURANCE

Individual coverage			
1. Issuer:		Insured:	
Agent's name:		Phone:	
Insurance type*:		Policy number:	
Face value: \$ Cash surrender value: \$		Death benefit:	
Contract location:		Beneficiary:	
Email address:			
2. Issuer:		Insured:	
Agent's name:		Phone:	
Insurance type*:		Policy number:	
Face value: \$	Cash surrender value: \$	Death benefit:	
Contract location:		Beneficiary:	
Email address:			
Group coverage			
1. Issuer:		Insured:	
Agent's name:		Phone:	
Insurance type*:		Policy number:	
Face value: \$	Cash surrender value: \$	Death benefit:	
Contract location:		Beneficiary:	
2. Issuer:		Insured:	
Agent's name:		Phone:	
Insurance type*:		Policy number:	
Face value: \$	Cash surrender value: \$	Death benefit:	
Contract location:		Beneficiary:	

\* Indicate if Term or Permanent coverage.

# **O**THER INSURANCE

Health Card Number: Other life coverage (e.g. travel insurance, credit cards, etc.)				
Insurance type:		Policy number:		
Death benefit:		Contract location:		
Email address:				
2. Issuer:		Insured:		
Insurance type:		Policy number:		
Death benefit:		Contract location:		
Email address:				
Group health insurance				
1. Insurance company:				
Contact name:		Phone:		
Group:		Coverage for:		
Refunds of premiums:		Amounts owing to the estate:		
2. Insurance company:				
Contact name:		Phone:		
Group:		Coverage for:		
Refunds of premiums:		Amounts owing to the estate:		
Private disability insurance				
1. Insurance company:				
Contact name:		Phone:		
Coverage type/person insured:		Policy number:		
Coverage: \$	Annual premium: \$	Benefit period:		
Refunds of premiums:		Amounts owing to the estate:		
2. Insurance company:				
Contact name:		Phone:		
Coverage type/person insured:		Policy number:		
Coverage: \$	Annual premium: \$	Benefit period:		
Refunds of premiums:		Amounts owing to the estate:		

Critical illness/disability insurance				
1. Insurance company:				
Contact name:		Phone:		
Coverage type/person insured:		Certificate/policy number:		
Coverage: \$ Annual premium: \$		Benefit period:		
Refunds of premiums:		Amounts owing to the estate:		
Property insurance (home/auto,	/other)			
1. Property description:				
Insurance company:				
Contact name:		Phone:		
Policy number:		Contract location:		
2. Property description:				
Insurance company:				
Contact name:		Phone:		
Policy number:		Contract location:		
3. Property description:		`		
Insurance company:				
Contact name:		Phone:		
Policy number:		Contract location:		
Other coverage (e.g. mortgage, credit cards, etc.)				
1. Insurance company:				
Coverage for:		Policy number:		
Coverage: \$		Contract location:		
2. Insurance company:				
Coverage for:		Policy number:		
Coverage: \$		Contract location:		

#### For more information:

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#### **RBC Wealth Management**

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