

RBC GUARANTEED INVESTMENT FUNDS

# Estate Planning — Family Inventory

A snapshot of your financial affairs



RBC Insurance



# Table of contents

<b>Introduction</b> .....	1
<b>1. Personal information</b> .....	2
<b>2. Life insurance</b> .....	3
Individual .....	3
Group .....	4
Other .....	5
<b>3. Health insurance</b> .....	6
Health .....	6
Disability .....	6
Critical illness .....	7
Long-term care .....	7
<b>4. Property insurance</b> .....	8
<b>5. Real estate</b> .....	9
<b>6. Personal assets</b> .....	10
<b>7. Banking</b> .....	11
<b>8. Credit</b> .....	12
Credit cards .....	13
<b>9. Personal investments</b> .....	14
<b>10. Business investments</b> .....	15
<b>11. Pension plans</b> .....	16
<b>12. Power of attorney</b> .....	17
<b>13. Funeral and will</b> .....	18
<b>14. Professional advisors</b> .....	20
<b>15. Location of insurance and other documents</b> .....	21
<b>16. Notes</b> .....	22

## Introduction



This guide has been designed to be used in conjunction with the RBC Insurance® Estate Planning brochure. When thinking about estate planning strategies, RBC Guaranteed Investment Funds provide a solid choice as one of the solutions to meet your needs.

This Family Inventory guide provides you with a comprehensive list of all the information that pertains to your family's current financial status: personal information, insurance policies, assets, accounts, as well as legal and advisory contacts. We hope you find it to be a useful tool when reviewing your financial affairs.

By completing this Family Inventory guide, you're taking the first step in developing your estate plan. Having an up-to-date and complete guide will provide invaluable information to your heirs, executors, trustees and advisors as your estate is settled. Keep this guide in a secure but accessible place so you can easily update it whenever there are changes to your personal and/or financial status.

If you have any questions as you are completing it, or questions regarding our products and services, please speak with your advisor.

# 1. Personal information

## YOUR<sup>1</sup> NAME

<b>Name:</b>	Date of Birth:
SIN:	Place of Birth:

## YOUR SPOUSE'S<sup>1</sup> NAME

<b>Name:</b>	Date of Birth:
SIN:	Place of Birth:

## YOUR DEPENDENTS<sup>1</sup>

<b>1. Name:</b>	Date of Birth:
SIN:	Place of Birth:

<b>2. Name:</b>	Date of Birth:
SIN:	Place of Birth:

<b>3. Name:</b>	Date of Birth:
SIN:	Place of Birth:

<b>4. Name:</b>	Date of Birth:
SIN:	Place of Birth:

<b>5. Name:</b>	Date of Birth:
SIN:	Place of Birth:

<b>6. Name:</b>	Date of Birth:
SIN:	Place of Birth:

<sup>1</sup> To avoid confusion, please endeavour to be consistent throughout this booklet when referring to/identifying "You," "Your Spouse" and "Your Dependents."

## 2. Life Insurance

### INDIVIDUAL

#### 1. Issuer:

Policy #:

Contact Name:

Phone:

Insurance Type<sup>1</sup>:

Insured:

Death Benefit:

Beneficiary:

Face Value (\$):

Cash Surrender Value (\$):

Annual Premium (\$):

#### 2. Issuer:

Policy #:

Contact Name:

Phone:

Insurance Type<sup>1</sup>:

Insured:

Death Benefit:

Beneficiary:

Face Value (\$):

Cash Surrender Value (\$):

Annual Premium (\$):

#### 3. Issuer:

Policy #:

Contact Name:

Phone:

Insurance Type<sup>1</sup>:

Insured:

Death Benefit:

Beneficiary:

Face Value (\$):

Cash Surrender Value (\$):

Annual Premium (\$):

#### 4. Issuer:

Policy #:

Contact Name:

Phone:

Insurance Type<sup>1</sup>:

Insured:

Death Benefit:

Beneficiary:

Face Value (\$):

Cash Surrender Value (\$):

Annual Premium (\$):

<sup>1</sup> Indicate if term or permanent coverage.

## 2. Life Insurance

### GROUP

<b>1. Issuer:</b>	Policy #:	Certificate number:
Contact Name:	Phone:	
Insurance Type <sup>1</sup> :	Insured:	
Death Benefit:	Beneficiary:	
Face Value (\$):	Cash Surrender Value (\$):	Annual Premium (\$):
<b>2. Issuer:</b>	Policy #:	Certificate number:
Contact Name:	Phone:	
Insurance Type <sup>1</sup> :	Insured:	
Death Benefit:	Beneficiary:	
Face Value (\$):	Cash Surrender Value (\$):	Annual Premium (\$):
<b>3. Issuer:</b>	Policy #:	Certificate number:
Contact Name:	Phone:	
Insurance Type <sup>1</sup> :	Insured:	
Death Benefit:	Beneficiary:	
Face Value (\$):	Cash Surrender Value (\$):	Annual Premium (\$):
<b>4. Issuer:</b>	Policy #:	Certificate number:
Contact Name:	Phone:	
Insurance Type <sup>1</sup> :	Insured:	
Death Benefit:	Beneficiary:	
Face Value (\$):	Cash Surrender Value (\$):	Annual Premium (\$):

<sup>1</sup> Indicate if term or permanent coverage.

## 2. Life Insurance

### OTHER (e.g. mortgage, credit cards, travel insurance, etc.)

#### 1. Issuer:

Policy #:

Contact Name:

Phone:

Coverage for:

Insured:

Coverage (\$):

Deductible (\$):

Annual Premium (\$):

#### 2. Issuer:

Policy #:

Contact Name:

Phone:

Coverage for:

Insured:

Coverage (\$):

Deductible (\$):

Annual Premium (\$):

#### 3. Issuer:

Policy #:

Contact Name:

Phone:

Coverage for:

Insured:

Coverage (\$):

Deductible (\$):

Annual Premium (\$):

#### 4. Issuer:

Policy #:

Contact Name:

Phone:

Coverage for:

Insured:

Coverage (\$):

Deductible (\$):

Annual Premium (\$):

## 3. Health Insurance

Your<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

Your Spouse's<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

Your #1 Dependent's<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

Your #2 Dependent's<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

Your #3 Dependent's<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

Your #4 Dependent's<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

Your #5 Dependent's<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

Your #6 Dependent's<sup>1</sup> Health Card #: \_\_\_\_\_ Location<sup>2</sup>: \_\_\_\_\_

### HEALTH

**1. Issuer:** \_\_\_\_\_ Plan ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Coverage for<sup>3</sup>: \_\_\_\_\_ Insured: \_\_\_\_\_ Annual Premium (\$): \_\_\_\_\_

**2. Issuer:** \_\_\_\_\_ Plan ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Coverage for<sup>3</sup>: \_\_\_\_\_ Insured: \_\_\_\_\_ Annual Premium (\$): \_\_\_\_\_

### DISABILITY

**1. Issuer:** \_\_\_\_\_ Policy: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Coverage for<sup>3</sup>: \_\_\_\_\_ Insured: \_\_\_\_\_ Annual Premium (\$): \_\_\_\_\_

Benefit Period: \_\_\_\_\_ Wait Period: \_\_\_\_\_ Coverage (\$): \_\_\_\_\_

**2. Issuer:** \_\_\_\_\_ Policy: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Coverage for<sup>3</sup>: \_\_\_\_\_ Insured: \_\_\_\_\_ Annual Premium (\$): \_\_\_\_\_

Benefit Period: \_\_\_\_\_ Wait Period: \_\_\_\_\_ Coverage (\$): \_\_\_\_\_

<sup>1</sup> To avoid confusion, please endeavour to be consistent throughout this booklet when referring to/identifying "You," "Your Spouse" and "Your Dependents."

<sup>2</sup> Tip: Store these important documents in a safe place (e.g. safety deposit box, fire safe, off-site with lawyer, etc.).

<sup>3</sup> Indicate if individual or family coverage and type of services covered.



## 3. Health Insurance

### CRITICAL ILLNESS

<b>1. Issuer:</b>	Policy #:
Contact Name:	Phone:
Coverage Type <sup>1</sup> :	Insured:
Coverage (\$):	Annual Premium (\$):
<b>2. Issuer:</b>	Policy #:
Contact Name:	Phone:
Coverage Type <sup>1</sup> :	Insured:
Coverage (\$):	Annual Premium (\$):

### LONG TERM CARE

<b>1. Issuer:</b>	Policy #:
Contact Name:	Phone:
Coverage for <sup>2</sup> :	Insured:
Benefit Period:	Wait Period:
Coverage (\$):	Annual Premium (\$):
<b>2. Issuer:</b>	Policy #:
Contact Name:	Phone:
Coverage for <sup>2</sup> :	Insured:
Benefit Period:	Wait Period:
Coverage (\$):	Annual Premium (\$):

<sup>1</sup> Indicate coverage term (e.g. Term 10/65/75/100) or benefits provided.

<sup>2</sup> Indicate benefits provided such as home care, facility care or both.

## 4. Property Insurance

Note: Include all real estate, auto, etc.

### 1. Property Description:

Issuer:	Policy #:
Contact Name:	Phone:
Coverage (\$):	Deductible (\$): Annual Premium (\$):

### 2. Property Description:

Issuer:	Policy #:
Contact Name:	Phone:
Coverage (\$):	Deductible (\$): Annual Premium (\$):

### 3. Property Description:

Issuer:	Policy #:
Contact Name:	Phone:
Coverage (\$):	Deductible (\$): Annual Premium (\$):

### 4. Property Description:

Issuer:	Policy #:
Contact Name:	Phone:
Coverage (\$):	Deductible (\$): Annual Premium (\$):

### 5. Property Description:

Issuer:	Policy #:
Contact Name:	Phone:
Coverage (\$):	Deductible (\$): Annual Premium (\$):

### 6. Property Description:

Issuer:	Policy #:
Contact Name:	Phone:
Coverage (\$):	Deductible (\$): Annual Premium (\$):

## 5. Real Estate

### PRINCIPAL RESIDENCE

Address:

Date of Purchase:

Title Held by:

Mortgage Held by:

Deed Location<sup>1</sup>:

Purchase Price (\$):

Current Market Value (\$):

### OTHER PROPERTY

**1. Address:**

Date of Purchase:

Title Held by:

Mortgage Held by:

Deed Location<sup>1</sup>:

Purchase Price (\$):

Current Market Value (\$):

**2. Address:**

Date of Purchase:

Title Held by:

Mortgage Held by:

Deed Location<sup>1</sup>:

Purchase Price (\$):

Current Market Value (\$):

**3. Address:**

Date of Purchase:

Title Held by:

Mortgage Held by:

Deed Location<sup>1</sup>:

Purchase Price (\$):

Current Market Value (\$):

**4. Address:**

Date of Purchase:

Title Held by:

Mortgage Held by:

Deed Location<sup>1</sup>:

Purchase Price (\$):

Current Market Value (\$):

<sup>1</sup> Tip: Store these important documents in a safe place (e.g. safety deposit box, fire safe, off-site with lawyer, etc.).

## 6. Personal Assets

### ASSETS (e.g. jewellery, art, antiques, etc.)

Item Description	Value (\$)	Location	Intended Beneficiary
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

## 7. Banking

### BANK MACHINE CARDS

1. Issuer: \_\_\_\_\_ Card #: \_\_\_\_\_

2. Issuer: \_\_\_\_\_ Card #: \_\_\_\_\_

3. Issuer: \_\_\_\_\_ Card #: \_\_\_\_\_

4. Issuer: \_\_\_\_\_ Card #: \_\_\_\_\_

5. Issuer: \_\_\_\_\_ Card #: \_\_\_\_\_

6. Issuer: \_\_\_\_\_ Card #: \_\_\_\_\_

### BANK ACCOUNTS

**1. Financial Institution/Branch:** \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Ownership Type<sup>1</sup>: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Financial Institution/Branch:** \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Ownership Type<sup>1</sup>: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Financial Institution/Branch:** \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Ownership Type<sup>1</sup>: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Financial Institution/Branch:** \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Ownership Type<sup>1</sup>: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. Financial Institution/Branch:** \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Ownership Type<sup>1</sup>: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**6. Financial Institution/Branch:** \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Ownership Type<sup>1</sup>: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> Indicate if single, joint or joint with or without the right of survivorship.

## 8. Credit

Note: Include all bank liabilities (e.g. mortgage, credit line, demand loans, etc.)

### 1. Financial Institution:

Loan Type:

Contact Name:

Phone:

Address:

Loan Amount (\$):

Reference #:

Borrower(s):

### 2. Financial Institution:

Loan Type:

Contact Name:

Phone:

Address:

Loan Amount (\$):

Reference #:

Borrower(s):

### 3. Financial Institution:

Loan Type:

Contact Name:

Phone:

Address:

Loan Amount (\$):

Reference #:

Borrower(s):

### 4. Financial Institution:

Loan Type:

Contact Name:

Phone:

Address:

Loan Amount (\$):

Reference #:

Borrower(s):

### 5. Financial Institution:

Loan Type:

Contact Name:

Phone:

Address:

Loan Amount (\$):

Reference #:

Borrower(s):

### 6. Financial Institution:

Loan Type:

Contact Name:

Phone:

Address:

Loan Amount (\$):

Reference #:

Borrower(s):

## 8. Credit

### CREDIT CARDS

**1. Issuer:**

Card #:

Expiry Date:

Credit Limit (\$):

Cardholder:

**2. Issuer:**

Card #:

Expiry Date:

Credit Limit (\$):

Cardholder:

**3. Issuer:**

Card #:

Expiry Date:

Credit Limit (\$):

Cardholder:

Loan Type:

**4. Issuer:**

Card #:

Expiry Date:

Credit Limit (\$):

Cardholder:

**5. Issuer:**

Card #:

Expiry Date:

Credit Limit (\$):

Cardholder:

**6. Issuer:**

Card #:

Expiry Date:

Credit Limit (\$):

Cardholder:

## 9. Personal Investments

<b>1. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):
<b>2. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):
<b>3. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):
<b>4. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):
<b>5. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):
<b>6. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):
<b>7. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):
<b>8. Firm:</b>	Type <sup>1</sup> :
Ownership Type <sup>2</sup> :	Beneficiary <sup>2</sup> :
Account #:	Value (\$):

<sup>1</sup> Include cash accounts, margin accounts, RSPs, RIFs, LIRAs, Locked-In RSPs, LIFs, LRIFs, PRIFs, RESPs, annuities, in-trust accounts, etc.

<sup>2</sup> 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.



## 10. Business Investments

### 1. Company Name:

Type <sup>1</sup> :	% Interest Held:
Location of Documents <sup>2</sup> :	Legal Counsel:
Email:	Phone:

### 2. Company Name:

Type <sup>1</sup> :	% Interest Held:
Location of Documents <sup>2</sup> :	Legal Counsel:
Email:	Phone:

### 3. Company Name:

Type <sup>1</sup> :	% Interest Held:
Location of Documents <sup>2</sup> :	Legal Counsel:
Email:	Phone:

### 4. Company Name:

Type <sup>1</sup> :	% Interest Held:
Location of Documents <sup>2</sup> :	Legal Counsel:
Email:	Phone:

<sup>1</sup> Indicate if sole proprietorship, partnership, corporation, etc.

<sup>2</sup> Tip: Store these important documents in a safe place (e.g. safety deposit box, fire safe, off-site with lawyer, etc.).

## 11. Pension Plans

<b>1. Company Name:</b>	Company Contact:
Email:	Phone:
Plan Type <sup>1</sup> :	Beneficiary:
<b>2. Company Name:</b>	Company Contact:
Email:	Phone:
Plan Type <sup>1</sup> :	Beneficiary:
<b>3. Company Name:</b>	Company Contact:
Email:	Phone:
Plan Type <sup>1</sup> :	Beneficiary:
<b>4. Company Name:</b>	Company Contact:
Email:	Phone:
Plan Type <sup>1</sup> :	Beneficiary:
<b>5. Company Name:</b>	Company Contact:
Email:	Phone:
Plan Type <sup>1</sup> :	Beneficiary:
<b>6. Company Name:</b>	Company Contact:
Email:	Phone:
Plan Type <sup>1</sup> :	Beneficiary:

<sup>1</sup> Indicate if defined benefit, money purchase or defined contribution DPSP or group RSP.

## 12. Power of Attorney

### YOUR<sup>1</sup> POWER OF ATTORNEY

#### 1. Location<sup>2</sup>:

Date of Last Update:

Powers Given to:

Type<sup>3</sup>:

Address:

Phone:

Email:

Lawyer:

Address:

Phone:

Email:

#### 2. Location<sup>2</sup>:

Date of Last Update:

Powers Given to:

Type<sup>3</sup>:

Address:

Phone:

Email:

Lawyer:

Address:

Phone:

Email:

### YOUR SPOUSE'S<sup>1</sup> POWER OF ATTORNEY

#### 1. Location<sup>2</sup>:

Date of Last Update:

Powers Given to:

Type<sup>3</sup>:

Address:

Phone:

Email:

Lawyer:

Address:

Phone:

Email:

#### 2. Location<sup>2</sup>:

Date of Last Update:

Powers Given to:

Type<sup>3</sup>:

Address:

Phone:

Email:

Lawyer:

Address:

Phone:

Email:

<sup>1</sup> To avoid confusion, please endeavour to be consistent throughout this booklet when referring to/identifying "You," "Your Spouse" and "Your Dependents."

<sup>2</sup> Tip: Store these important documents in a safe place (e.g. safety deposit box, fire safe, off-site with lawyer, etc.).

<sup>3</sup> Indicate if for personal care or property.

## 13. Funeral and Will

### YOUR<sup>1</sup> PRE-PLANNED FUNERAL

Funeral Home:

Contract Location<sup>2</sup>:

Contact Name:

Address:

Email:

Phone:

Details:

### YOUR<sup>1</sup> WILL

Date of Last Will/Codicil:

Will Location<sup>2</sup>:

Lawyer:

Address:

Email:

Phone:

Executor(s)/Trustee(s):

Address:

Email:

Phone:

### YOUR<sup>1</sup> BENEFICIARIES

**1. Name:**

Address:

Email:

Phone:

**2. Name:**

Address:

Email:

Phone:

**3. Name:**

Address:

Email:

Phone:

**4. Name:**

Address:

Email:

Phone:

### YOUR<sup>1</sup> WILL INSTRUCTIONS/SPECIAL CLAUSES

<sup>1</sup> To avoid confusion, please endeavour to be consistent throughout this booklet when referring to/identifying "You," "Your Spouse" and "Your Dependents."

<sup>2</sup> Tip: Store these important documents in a safe place (e.g. safety deposit box, fire safe, off-site with lawyer, etc.).

## 13. Funeral and Will

### YOUR SPOUSE'S<sup>1</sup> PRE-PLANNED FUNERAL

Funeral Home:

Contract Location<sup>2</sup>:

Contact Name:

Address:

Email:

Phone:

Details:

### YOUR<sup>1</sup> WILL

Date of Last Will/Codicil:

Will Location<sup>2</sup>:

Lawyer:

Address:

Email:

Phone:

Executor(s)/Trustee(s):

Address:

Email:

Phone:

### YOUR SPOUSE'S<sup>1</sup> BENEFICIARIES

**1. Name:**

Address:

Email:

Phone:

**2. Name:**

Address:

Email:

Phone:

**3. Name:**

Address:

Email:

Phone:

**4. Name:**

Address:

Email:

Phone:

### YOUR SPOUSE'S<sup>1</sup> WILL INSTRUCTIONS/SPECIAL CLAUSES

<sup>1</sup> To avoid confusion, please endeavour to be consistent throughout this booklet when referring to/identifying "You," "Your Spouse" and "Your Dependents."

<sup>2</sup> Tip: Store these important documents in a safe place (e.g. safety deposit box, fire safe, off-site with lawyer, etc.).

## 14. Professional Advisors

### ACCOUNTANT

Contact Name:

Firm:

Address:

Email:

Phone:

Fax:

### LAWYER

Contact Name:

Firm:

Address:

Email:

Phone:

Fax:

### INSURANCE ADVISOR

1. Contact Name:

Firm:

Address:

Email:

Phone:

Fax:

2. Contact Name:

Firm:

Address:

Email:

Phone:

Fax:

### INVESTMENT ADVISOR

1. Contact Name:

Firm:

Address:

Email:

Phone:

Fax:

2. Contact Name:

Firm:

Address:

Email:

Phone:

Fax:

## 15. Location of insurance and other documents

Tip: Store these important documents in a safe place (e.g. safety deposit box, fire safe, off-site with lawyer, etc.).

### INSURANCE

Individual Life Policies:

Group Life Policies/Certificates:

Other Life Policies:

Health Policies:

Disability Policies:

Critical Illness Policies:

Long Term Care Policies:

Property Policies:

### OTHER

Your<sup>1</sup> Birth Certificate:

Your Spouse's<sup>1</sup> Birth Certificate:

Your Dependent's<sup>1</sup> Birth Certificate(s):

Marriage Licence:

Medical Records:

Citizenship/Passport Papers:

Income Tax Returns:

Custody/Adoption Papers:

Prenuptial/Cohabitation Papers:

Separation/Divorce Papers:

<sup>1</sup> To avoid confusion, please endeavour to be consistent throughout this booklet when referring to/identifying "You," "Your Spouse" and "Your Dependents."









The strategies, advice and technical content in this publication are provided for the general guidance and benefit of our clients, based on information that we believe to be accurate, but we cannot guarantee its accuracy or completeness. This publication is not intended as nor does it constitute tax or legal advice. Readers should consult their own lawyer, accountant or other professional advisor when planning to implement a strategy. This will ensure that their own circumstances have been considered properly and that action is taken on the latest available information.

Please keep in mind that this information is simply an overview and may not deal with all issues involved in administering an estate. This content does not replace the need to contact your professional advisors, such as your lawyer, notary or other qualified advisor.

Please speak with your advisor for more information.  
Visit us online at [www.rbcinsurance.com/segregatedfunds](http://www.rbcinsurance.com/segregatedfunds).



RBC Insurance