

Will Planning Work Sheet



1-800-268-7582 • www.mslegacy.ca

This document is intended to assist you in gathering information to prepare a will. We hope you find it helpful.

The Multiple Sclerosis Society of Canada
175 Bloor St. E., Suite 700, North Tower, Toronto, ON M4W 3R8

PERSONAL INFORMATION

Your Legal Name: _____

Do you have a will? Yes No Date of Current Will: _____

Address: _____

Postal Code: _____

Date of Birth: _____ Age: _____ Social Insurance Number: _____

Birth Place: _____
City/Province/Country

Marital Status: Single Divorced Married Widowed Other: Specify: _____

Spouse's Legal Name: _____

CHILDREN

Name: _____ Name: _____

Relationship to You: _____ Relationship to You: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Name: _____ Name: _____

Relationship to You: _____ Relationship to You: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

ASSETS

BANK ACCOUNTS

Ownership: Sole Joint

Name of Joint Owner _____ Relation _____

Address of Joint Owner _____

Name of Financial Institution _____

Branch Address _____

Account Number _____

Current Value: \$ _____

Ownership: Sole Joint

Name of Joint Owner _____ Relation _____

Address of Joint Owner _____

Name of Financial Institution _____

Branch Address _____

Account Number _____

Current Value: \$ _____

REAL PROPERTY

I have the following REAL PROPERTY (land, building, automobile, boats).

Residence: _____

Address

Sole Joint Owner _____

Name of Joint Owner

Cottage/Other Property: _____

Address

Sole Joint Owner _____

Name of Joint Owner

Business: _____

Address

Sole Proprietor Incorporated Partnership _____ Value: \$ _____

Name of Partner

Automobiles: _____ \$ _____

Value

Furniture: _____ \$ _____

Value

Jewelry: _____ \$ _____

Value

Other Assets (i.e., collections, cultural items of worth. Attach extra pages as required.):

LIFE INSURANCE

Policy Holder Name of Agent

Name of Insurance Company Policy Number

Current Value: \$ _____
Beneficiary

GROUP LIFE INSURANCE

Name of Employer Group Policy Number

Name of Insurance Company Beneficiary

Current Value: \$ _____ (Please attach extra pages as required.)

PENSION PLANS

Do you participate in a Company Pension Plan: Yes No

If Yes: Company Name: _____ Beneficiary: _____

Plan Number: _____ Value: \$ _____

Canada Pension Plan: _____ Annual Amount: \$ _____
Effective Date

Old Age Security: _____ Annual Amount: \$ _____
Effective Date

LIABILITIES

MORTGAGE / LOANS

I do not have a mortgage.

I do not have any loans.

Mortgage held by

Loan held by

Method of payment

Method of payment

Amount Owed: \$ _____

Amount Owed: \$ _____

Mortgage is Life Insured: Yes No

Loan is Life Insured: Yes No

CREDIT CARD ACCOUNTS

Name of Company: _____ Name of Company: _____

Account Number: _____ Account Number: _____

Expiry Date: _____ Expiry Date: _____

Credit Limit: \$ _____

Credit Limit: \$ _____

Name of Company: _____ Name of Company: _____

Account Number: _____ Account Number: _____

Expiry Date: _____ Expiry Date: _____

Credit Limit: \$ _____

Credit Limit: \$ _____

INSTRUCTIONS AND LOCATION OF IMPORTANT DOCUMENTS

DOCUMENTS

I have made duplicate copies of important document (i.e. will, list of stocks & bonds, my last income tax return, insurance policy(ies), funeral arrangements, mortgage agreement, etc.). These documents can be found:

Safety Deposit Box At home, please specify where Other, please specify where

SAFETY DEPOSIT BOX

I have a Safety Deposit Box at:

Name of Financial Institution: _____

Branch Address: _____

Box Number: _____ Key Location: _____

INSTRUCTIONS FOR MY WILL

My Lawyer is: _____ Phone Number: _____

Law Firm Name: _____

Address: _____

My Accountant / Financial Advisor is: _____ Phone Number: _____

Firm Name: _____

Address: _____

Name of Executor: _____ Phone Number: _____

Address of Executor: _____

My Executor has a copy of my will: Yes No

Other (alternative executor, trustee, guardians, special instructions):

Funeral Arrangements: _____

DISTRIBUTION

BENEFICIARIES: RELATIVES AND FRIENDS

Beneficiary Legal Name: _____

Relation to You: _____ Birth Date: _____
Year/Month/Day

Address: _____
_____ Postal Code: _____

Distribution: % _____ Specific Amount: \$ _____

Beneficiary Legal Name: _____

Relation to You: _____ Birth Date: _____
Year/Month/Day

Address: _____
_____ Postal Code: _____

Distribution: % _____ Specific Amount: \$ _____

Beneficiary Legal Name: _____

Relation to You: _____ Birth Date: _____
Year/Month/Day

Address: _____
_____ Postal Code: _____

Distribution: % _____ Specific Amount: \$ _____

BENEFICIARIES: NON-PROFIT ORGANIZATIONS

Legal Name: _____ Legal Name: _____

Address: _____ Address: _____

_____ Postal Code: _____ _____ Postal Code: _____

Distribution: % _____ Distribution: % _____

Specific Amount: \$ _____ Specific Amount: \$ _____



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