



INNOVATION WEALTH

Life Happens Guide

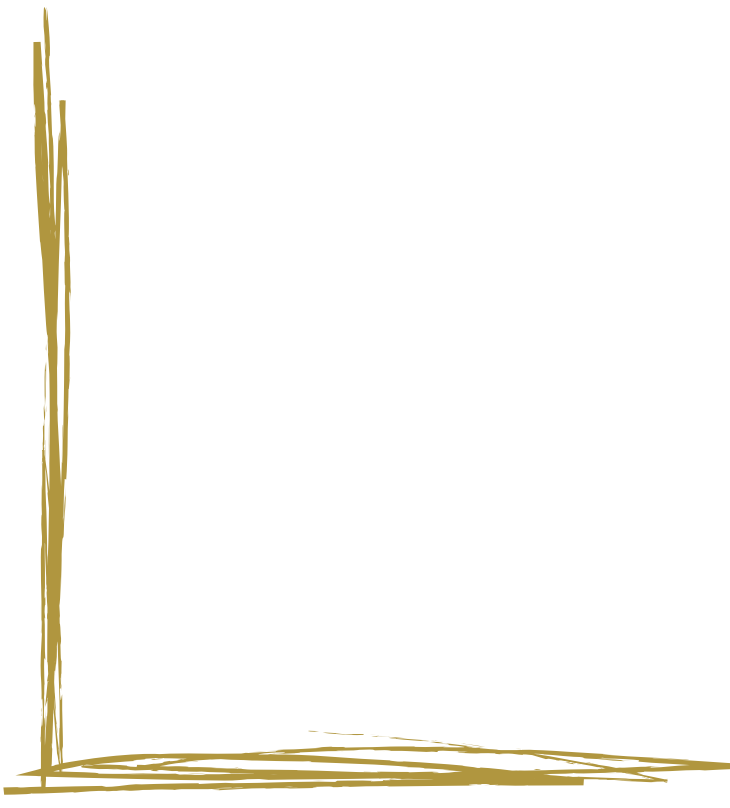
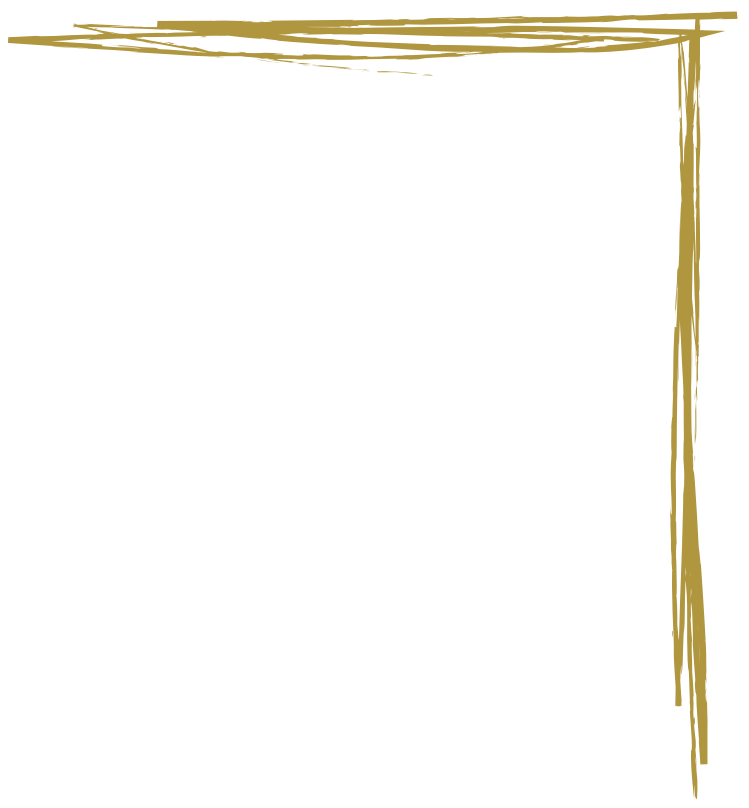
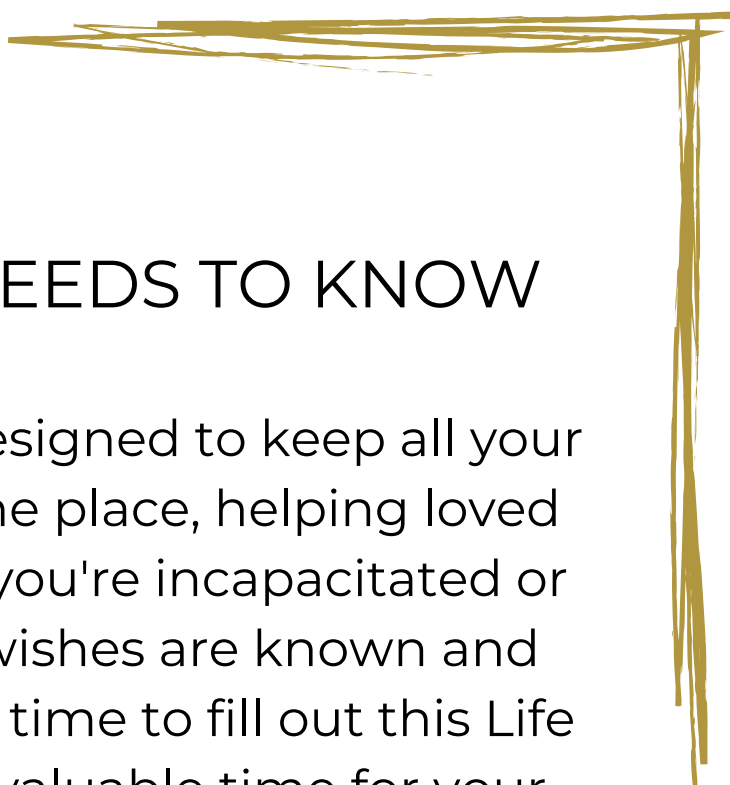


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WHAT MY FAMILY NEEDS TO KNOW

The Life Happens Guide is designed to keep all your important information in one place, helping loved ones manage your affairs if you're incapacitated or deceased. It ensures your wishes are known and assets protected. Taking the time to fill out this Life Happens Guide now saves valuable time for your loved ones later.

It is important to keep this information up to date. We recommend revisiting the guide once a year. For items that are likely to change, we recommend using pencil to make it easier to update.

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Since everything of importance will be listed in your guide, this document becomes the first thing your loved ones will reference. Therefore you should tell your trusted loved ones where to find this guide. Let them know should anything happen to you, this is where they should start or even provide them with a copy.

Personal Information

Personal Information

Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	

Spousal Information (if relevant)

Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	

Children/Dependent Information (if relevant)

Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	

Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	

Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	

Personal Information

Children/Dependent Information (if relevant)

Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	
Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	
Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	
Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	
Full Name:		Phone :	
Address:			
Birthdate:		Birth Place:	
SIN #:		Marital Status:	

Important Contacts

My Emergency Contacts

Full Name:		Relationship:	
Address:			
Phone:		Email:	
Full Name:		Relationship:	
Address:			
Phone:		Email:	

My Health Care Agents

Full Name:		Relationship:	
Address:			
Phone:		Email:	
Full Name:		Relationship:	
Address:			
Phone:		Email:	
Location of Health Care Directive:			

My Power of Attorneys

Full Name:		Relationship:	
Address:			
Phone:		Email:	
Full Name:		Relationship:	
Address:			
Phone:		Email:	
Location of Power of Attorney Document:			

Important Contacts

Lawyer:		Firm Name:	
Address:			
Phone:		Email:	
Location of Will:			
Accountant:		Firm Name:	
Address:			
Phone:		Email:	
Location of Tax Returns:			
Auto/Home/Liability Insurance Agent:			
Address:			
Phone:		Email:	
Location of Policies:			
Life Insurance Agent:			
Address:			
Phone:		Email:	
Location of Policies:			
Financial Advisor:			
Address:			
Phone:		Email:	
Location of Statements:			
Financial Advisor:			
Address:			
Phone:		Email:	
Location of Statements:			

Important Contacts

Doctor:			
Address:			
Phone:		Email:	
Doctor:			
Address:			
Phone:		Email:	
Eye Doctor:			
Address:			
Phone:		Email:	
Dentist:			
Address:			
Phone:		Email:	
Charitable Organization(s):			
Address:			
Phone:		Email:	
Priest/Pastor/Rabbi:			
Address:			
Phone:		Email:	
Employer/Business Partner:			
Address:			
Phone:		Email:	

Important Contacts

Other Entities

Bank/Credit Union:

Address:

Phone: Email:

Location of Statements:

Safety Deposit Box #:

Bank/Credit Union:

Address:

Phone: Email:

Location of Statements:

Safety Deposit Box #:

Bank/Credit Union:

Address:

Phone: Email:

Location of Statements:

Safety Deposit Box #:

Bank/Credit Union:

Address:

Phone: Email:

Location of Statements:

Safety Deposit Box #:

Medical History

Current Medical Issues

Illness/Medical Issue:

Symptoms:

Doctor: Phone:

Treatments/Hospitalizations/Surgeries:

Notes:

Illness/Medical Issue:

Symptoms:

Doctor: Phone:

Treatments/Hospitalizations/Surgeries:

Notes:

Illness/Medical Issue:

Symptoms:

Doctor: Phone:

Treatments/Hospitalizations/Surgeries:

Notes:

Pharmacy:

Address: Phone:

Allergies:

Dietary Restrictions:

Medical History

Past Medical Issues

Illness/Medical Issue:

Symptoms:

Doctor: Phone:

Treatments/Hospitalizations/Surgeries:

Notes:

Illness/Medical Issue:

Symptoms:

Doctor: Phone:

Treatments/Hospitalizations/Surgeries:

Notes:

Health Insurance

Company Name:

Plan Name and Type:

Member ID #: Phone:

Company Name:

Plan Name and Type:

Member ID #: Phone:

Company Name:

Plan Name and Type:

Member ID #: Phone:

Medications

Prescriptions

Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Prescription #:		Doctor:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Prescription #:		Doctor:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Prescription #:		Doctor:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Prescription #:		Doctor:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Prescription #:		Doctor:	
Date Started:		Date Ended (if any):	

Medications

Over the Counter

Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Date Started:		Date Ended (if any):	

Vitamins and Supplements

Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Date Started:		Date Ended (if any):	
Name:		Dosage:	
# of Times a Day:	AM: ☐ PM: ☐	Other:	
Date Started:		Date Ended (if any):	

Financial Accounts

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Names on Account:

Automatic Withdrawals or Deposits on account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Names on Account:

Automatic Withdrawals or Deposits on account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Names on Account:

Automatic Withdrawals or Deposits on account?: ☐ Yes ☐ No

Location of Statements:

Financial Accounts

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Names on Account:

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Names on Account:

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Names on Account:

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Retirement/Investment Accounts

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Beneficiaries:

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Beneficiaries

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Beneficiaries

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Retirement/Investment Accounts

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Beneficiaries:

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Beneficiaries

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Account #: Account Type:

Beneficiaries

Automatic Withdrawals or Deposits on Account?: ☐ Yes ☐ No

Location of Statements:

Lending Accounts

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Loan #: Loan Type:

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Loan #: Loan Type:

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Loan #: Loan Type:

Location of Statements:

Financial Institution Name:

Address:

Phone: Website:

Username: Password:

Loan #: Loan Type:

Location of Statements:

Credit & Debit Cards

Credit/Debit Card Company:

Address:

Phone: Website:

Username: Password:

Card # PIN#:

Location of Statements:

Credit/Debit Card Company:

Address:

Phone: Website:

Username: Password:

Card # PIN#:

Location of Statements:

Credit/Debit Card Company:

Address:

Phone: Website:

Username: Password:

Card # PIN #:

Location of Statements:

Credit/Debit Card Company:

Address:

Phone: Website:

Username: Password:

Card # PIN #:

Location of Statements:

Money Owed To Me

Borrower: Phone:

Original Amount: Balance:

Due Date: Promissory Note/Agreement ☐ Yes/No ☐

Location of Statements:

Borrower: Phone:

Original Amount: Balance:

Due Date: Promissory Note/Agreement ☐ Yes/No ☐

Location of Statements:

Borrower: Phone:

Original Amount: Balance:

Due Date: Promissory Note/Agreement ☐ Yes/No ☐

Location of Statements:

Borrower: Phone:

Original Amount: Balance:

Due Date: Promissory Note/Agreement ☐ Yes/No ☐

Location of Statements:

Borrower: Phone:

Original Amount: Balance:

Due Date: Promissory Note/Agreement ☐ Yes/No ☐

Location of Statements:

Life Insurance & Long Term Care Accounts

Insurance Company Name:

Address:

Policy #: Phone:

Policy Type: Death Benefit Amount:

Owner: Insured:

Beneficiaries:

Location of Documents:

Insurance Company Name:

Address:

Policy #: Phone:

Policy Type: Death Benefit Amount:

Owner: Insured:

Beneficiaries:

Location of Documents:

Long Term Care Insurance Company:

Address:

Policy #: Phone:

Policy Type: Benefit Amount:

Owner: Insured:

Location of Documents:

Long Term Care Wishes:

Other Insurance Accounts

Vehicle Insurance Company:

Vehicle Info:

Policy #: **Policy Holder:**

Billing Cycle: **Premium:** **Deductible:**

Phone: **Website:**

Login Username: **Password:**

Location of Documents:

Vehicle Insurance Company:

Vehicle Info:

Policy #: **Policy Holder:**

Billing Cycle: **Premium:** **Deductible:**

Phone: **Website:**

Login Username: **Password:**

Location of Documents:

Home/Rental Insurance Company:

Address:

Policy #: **Policy Holder:**

Billing Cycle: **Premium:** **Deductible:**

Phone: **Website:**

Login Username: **Password:**

Location of Documents:

Other Insurance Accounts

Vehicle Insurance Company:

Vehicle Info:

Policy #: **Policy Holder:**

Billing Cycle: **Premium:** **Deductible:**

Phone: **Website:**

Login Username: **Password:**

Location of Documents:

Vehicle Insurance Company:

Vehicle Info:

Policy #: **Policy Holder:**

Billing Cycle: **Premium:** **Deductible:**

Phone: **Website:**

Login Username: **Password:**

Location of Documents:

Home/Rental Insurance Company:

Address:

Policy #: **Policy Holder:**

Billing Cycle: **Premium:** **Deductible:**

Phone: **Website:**

Login Username: **Password:**

Location of Documents:

Annuities

Company Name:

Address:

Account #: Amount:

Annuitant: Beneficiary:

Phone: Website:

Location of Documents:

Company Name:

Address:

Account #: Amount:

Annuitant: Beneficiary:

Phone: Website:

Location of Documents:

Business Interests

Business Name:

Business Entity Type:

Owners:

Your Ownership %: Shareholder/Business Agreement ☐ Yes/No ☐

Location of Documents:

Business Name:

Business Entity Type:

Owners:

Your Ownership %: Shareholder/Business Agreement ☐ Yes/No ☐

Location of Documents:

Real Estate

Primary Residence:

Owner(s):

Mortgage: ☐ Yes/No ☐ If "yes", Lender:

Location of Documents:

Property Address:

Property Type:

Owner(s):

Mortgage: ☐ Yes/No ☐ If "yes", Lender:

Location of Documents:

Property Address:

Property Type:

Owner(s):

Mortgage: ☐ Yes/No ☐ If "yes", Lender:

Location of Documents:

Property Address:

Property Type:

Owner(s):

Mortgage: ☐ Yes/No ☐ If "yes", Lender:

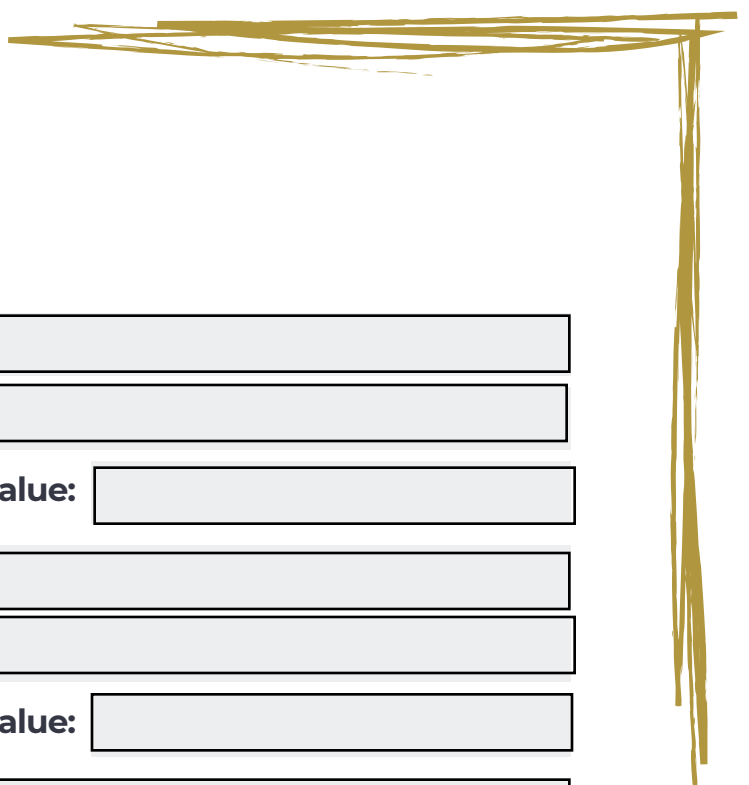
Location of Documents:

Vehicles

Make/Model/Year:					
Plate #:		VIN:		Owner:	
Loan:	☐ Yes/No ☐	If "yes", Lender:			
Location of Documents:					
Make/Model/Year:					
Plate #:		VIN:		Owner:	
Loan:	☐ Yes/No ☐	If "yes", Lender:			
Location of Documents:					
Make/Model/Year:					
Plate #:		VIN:		Owner:	
Loan:	☐ Yes/No ☐	If "yes", Lender:			
Location of Documents:					

Other Personal Property

Item:			
Decription:			
Location:		Value:	
Item:			
Decription:			
Location:		Value:	
Item:			
Decription:			
Location:		Value:	



Other Personal Property

Item:			
Decription:			
Location:		Value:	
Item:			
Decription:			
Location:		Value:	
Item:			
Decription:			
Location:		Value:	
Item:			
Decription:			
Location:		Value:	
Item:			
Decription:			
Location:		Value:	
Item:			
Decription:			
Location:		Value:	



Online Accounts and Passwords

Email Address:

Website:

Password:

Email Address:

Website:

Password:

Social Network:

Website:

Username: Password:

Social Network:

Website:

Username: Password:

Social Network:

Website:

Username: Password:

Other Accounts

Website:

Username: Password:

Other Accounts:

Website:

Username: Password:

My Memorial Instructions

Executor(s):

Phone(s):

After my death I wish to be: ☐ Buried ☐ Cremated ☐ Other:

If cremated, I wish the following person(s) to have possession of my remains:

I have already purchased a burial plot: ☐ Yes ☐ No

Name of Cemetery:

Address:

Phone: Location of Deed:

Funeral Home:

Address:

Phone: Funeral Director:

Memorial Service Location:

Address:

Who should conduct the service:

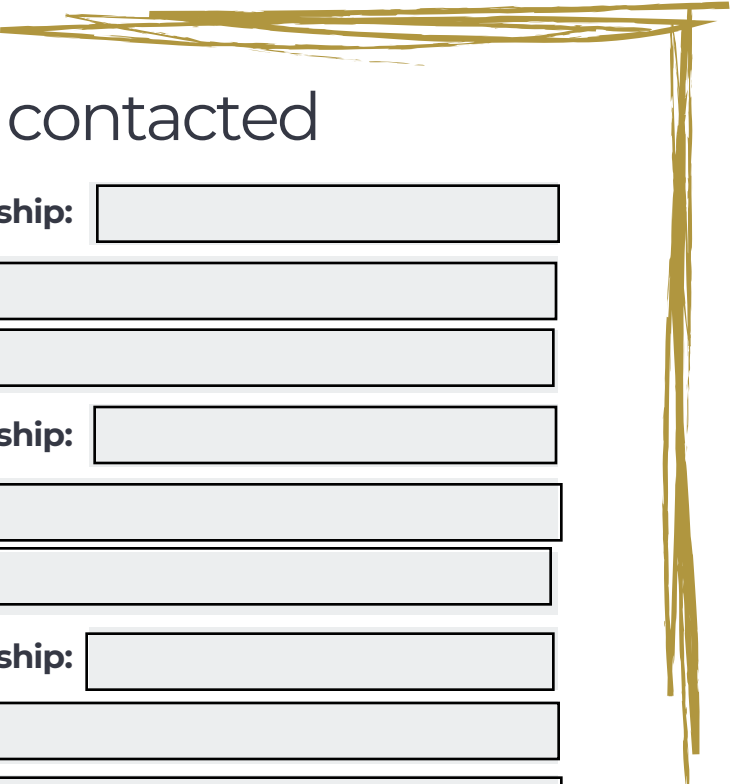
Music:

Readings:

Pallbearers:

Contributions designated to:

Special Instructions:



Family and Friends to be contacted

Name:		Relationship:	
Address:			
Phone:		Email:	
Name:		Relationship:	
Address:			
Phone:		Email:	
Name:		Relationship:	
Address:			
Phone:		Email:	
Name:		Relationship:	
Address:			
Phone:		Email:	
Name:		Relationship:	
Address:			
Phone:		Email:	
Name:		Relationship:	
Address:			
Phone:		Email:	
Name:		Relationship:	
Address:			
Phone:		Email:	



Professionals to be contacted

Lawyer	☐	Auto/Home/Liability Insurance	☐
Accountant	☐	Financial Advisor(s)	☐
Doctor(s)	☐	Financial Institution(s)	☐
Dentist	☐	Life Insurance Agent	☐
Employer	☐	Business Partner	☐
Pension	☐	Trustee	☐

Government Agencies to be contacted

Canada Revenue Agency	☐	Provincial Health Care	☐
Canada Pension Plan	☐	Service Canada	☐
Old Age Security	☐	Canada Post	☐

Others not listed

Documents to collect

Adoption Papers	☐	Life Insurance(s)	☐
Annuities	☐	Liability Insurance(s)	☐
Bank Statements	☐	Living Will/POA	☐
Birth Certificate	☐	Marriage Certificate	☐
Cemetery Plot Deed	☐	Mortgage/Lending Papers	☐
Citizenship Papers	☐	Passport	☐
Corp/Business Papers	☐	Pension Plan	☐
Credit Card Stmnts	☐	Promissory Notes	☐
Divorce Papers	☐	Property Deeds	☐
Estate Planning Docs	☐	Property Tax	☐
Income Tax Returns	☐	Social Insurance Card	☐
Investment Statements	☐	Will	☐

Information needed for Death Certificate

- Full name
- Date of Birth
- Marital Status
- Date of Death
- Age at Death
- Place of Death
- Address Prior to Death
- Spouse's Full Name
- Parent's Full Names, Date of Births and Birthplace



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