

FUNERAL SUPPORT PLANNER

THIS FUNERAL SUPPORT ESTATE PLANNER IS PRESENTED TO

The personal record of vital information recorded in this Estate Planner is of value to you, Your family, your lawyer and your executor. We live in a complicated world where lack of records can bring about undue confusion, un-necessary friction and conflict, and avoidable expense to your loved ones. This is especially true when an estate is to be settled and questions which the deceased could have answered easily must be worked out slowly and laboriously. Sometimes the right answers are never found.

The Funeral Support Planner is a simple yet effective method of making the necessary facts available to your family, lawyer, executor and funeral director.

We urge you to take time to complete it

PERSONAL INFORMATION

Name: _____

Social Insurance No. : _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Telephone No. (Res): _____ Telephone No. (Bus.) : _____

Father's Name: _____ Place of Birth: _____

Mother's Maiden Name: _____ Place of Birth: _____

Occupation and Title: _____

Employer Name: _____ Address: _____

Contact Name: _____ Phone: _____

Contact E-mail: _____

Name of Spouse: _____

Social Insurance No. : _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Telephone No. (Res): _____ Telephone No. (Bus.) : _____

Father's Name: _____ Place of Birth: _____

Mother's Maiden Name: _____ Place of Birth: _____

Occupation and Title: _____

Employer Name: _____ Address: _____

Contact Name: _____ Phone: _____

Contact E-mail: _____

CHILDREN AND RELATIVES

CHILDREN

Name: _____ Date and Place of Birth: _____

Address and Phone No. : _____

Name: _____ Date and Place of Birth: _____

Address and Phone No. : _____

Name: _____ Date and Place of Birth: _____

Address and Phone No. : _____

Name: _____ Date and Place of Birth: _____

Address and Phone No. : _____

Name: _____ Date and Place of Birth: _____

Address and Phone No. : _____

Name: _____ Date and Place of Birth: _____

Address and Phone No. : _____

RELATIVES

Name: _____ Relationship: _____

Address and Phone No. : _____

Name: _____ Relationship: _____

Address and Phone No. : _____

Name: _____ Relationship: _____

Address and Phone No. : _____

Name: _____ Relationship: _____

Address and Phone No. : _____

Name: _____ Relationship: _____

Address and Phone No. : _____

IMPORTANT MEDICAL RECORDS

**List all special medical problems such as drug allergies or other conditions.
Identify if you have a heart pacemaker.**

Name: _____

Registered with (Clinic or Hospital): _____

Hospital Registration Card No. : _____ Health Card No. : _____

I have a pacemaker Yes No

I have a living will Yes No

The status of my living **WILL** is as follows: _____

Medical Problems: _____

My Physician: Dr. _____ Telephone: _____

Address: _____

Name Spouse: _____

Registered with (Clinic or Hospital): _____

Hospital Registration Card No. : _____ Health Card No. : _____

I have a pacemaker Yes No

I have a living will Yes No

The status of my living **WILL** is as follows: _____

Medical Problems: _____

My Physician: Dr. _____ Telephone: _____

Address: _____

ORGANIZATION AFFILIATIONS

Name of Organization: _____

Office or Position, Past or Present: _____

Name and Telephone contact to be notified: _____

Death Benefits Payable: Yes No

Name of Organization: _____

Office or Position, Past or Present: _____

Name and Telephone contact to be notified: _____

Death Benefits Payable: Yes No

Name of Organization: _____

Office or Position, Past or Present: _____

Name and Telephone contact to be notified: _____

Death Benefits Payable: Yes No

Name of Organization: _____

Office or Position, Past or Present: _____

Name and Telephone contact to be notified: _____

Death Benefits Payable: Yes No

LOCATION OF IMPORTANT PAPERS

Indicate in the blocks the location of the various important papers by inserting the following letters:

(H) Home (D) Safety Deposit Box (W) Work (O) Other (Specify) _____

- Will
- Deed to Home
- Legal Proof of Age or Birth Certificate
- Bill of Sale on, or Title to, Automobile
- Marriage License
- Certificate of Ownership of Cemetery Lot
- Life Insurance Policies
- Certificate of Funeral arrangements
- Accident & Health Insurance Policies
- Tax Returns, Cancelled Cheques and Receipts
- Property Damage Insurance
- Citizenship papers, if naturalized
- Stock Certificates, Bonds, etc.
- Military Discharge Papers
- Copy of Mortgage or Lease
- Other Important Documents or Valuables

DEPOSIT ACCOUNT(S)
With Banks or Trust Companies

Name and Address of Financial Institution: _____

Location of Deposit Books, Cheque Books and Statements: _____

Type and Number of Account (Chequing, Savings, etc.): _____

Name and Address of Financial Institution: _____

Location of Deposit Books, Cheque Books and Statements: _____

Type and Number of Account (Chequing, Savings, etc.): _____

Name and Address of Financial Institution: _____

Location of Deposit Books, Cheque Books and Statements: _____

Type and Number of Account (Chequing, Savings, etc.): _____

Name and Address of Financial Institution: _____

Location of Deposit Books, Cheque Books and Statements: _____

Type and Number of Account (Chequing, Savings, etc.): _____

SAFETY DEPOSIT BOXES

Located At: _____

Names and Address of Person Familiar with Location of Keys to the Safety Deposit Box:

Located At: _____

Names and Address of Person Familiar with Location of Keys to the Safety Deposit Box:

CREDIT CARDS

Name & Number of Credit Card: _____
Expiry Date: _____

Name & Number of Credit Card: _____
Expiry Date: _____

Name & Number of Credit Card: _____
Expiry Date: _____

Name & Number of Credit Card: _____
Expiry Date: _____

Name & Number of Credit Card: _____
Expiry Date: _____

INVESTMENTS INFORMATION Stocks, Bonds, GIC's, Mutual Funds, RRSP's, etc.

Investments: _____
Held By: _____ Plan/Certification No. _____

Investments: _____
Held By: _____ Plan/Certification No. _____

Investments: _____
Held By: _____ Plan/Certification No. _____

Investments: _____
Held By: _____ Plan/Certification No. _____

Investments: _____
Held By: _____ Plan/Certification No. _____

Investments: _____
Held By: _____ Plan/Certification No. _____

Financial Advisor: _____ Business Telephone: _____

Real Estate Investments

(Residence, Business, Cottage, Investment Property, Etc.)

Type of Property: _____ Purchase Date: _____

Address/Location: _____

Name and Address of Mortgagor: _____

Type of Property: _____ Purchase Date: _____

Address/Location: _____

Name and Address of Mortgagor: _____

Type of Property: _____ Purchase Date: _____

Address/Location: _____

Name and Address of Mortgagor: _____

COMPANY PENSIONS

Retired Employee: _____ **Employer:** _____

Financial Institution: _____ **Policy/Plan No. :** _____

Primary and Contingent Beneficiary: _____

Monthly Amount payable: _____ **Special Provision:** _____

Active Employee: _____ **Employer:** _____

Insurer: _____ **Policy/Plan No.:** _____

Primary and Contingent Beneficiary: _____

Retired Employee: _____ **Employer:** _____

Financial Institution: _____ **Policy/Plan No. :** _____

Primary and Contingent Beneficiary: _____

Monthly Amount payable: _____ **Special Provision:** _____

Active Employee: _____ **Employer:** _____

Insurer: _____ **Policy/Plan No.:** _____

Primary and Contingent Beneficiary: _____

WILLS AND POWER OF ATTORNEY

A Will is a written document giving instructions for the disposition of your property after death and appoints a personal representative, called an Executor to deal with the property on your behalf. A properly drawn up-to-date Will, is one of the finest protections you can give to your family.

Your lawyer will be able to assist you in drafting a Will to reflect your wishes. In addition, he or she will answer your questions regarding the Executor and probate.

It is advisable that everyone should have a Will in order to have control over the distribution of his or her property. In the absence of a Will, application must be made to the court to appoint an Administrator to fulfill the duties that would otherwise be carried out by an executor. The administrator appointed by the court may not be a person whom the deceased would have chosen. This then is one of the first reasons why a Will is so vital, so that you may choose your Executor and find out if he or she is willing to serve. Then discuss it with your lawyer. After you have made your Will, take your executor into your confidence regarding your wishes.

It is also advisable that a qualified person be appointed as Power of Attorney who is not necessarily your Executor. This appointment gives that person the right to make decisions on your behalf should you become incompetent.

Remember that having a will and appointing a Power of Attorney is an expression of concern for the wellbeing of those you love. We urge you to see your lawyer as soon as possible about this.

IMPORTANT FACTS ABOUT MY WILL

Name: _____ My Latest Will, dated: _____

Is deposited with: _____

Address: _____

The Executor of my Will is: _____ Telephone No.: _____

My Power of Attorney is: _____

_____ Telephone No.: _____

The Lawyer who drew the Will is: _____

Whose address is: _____

Name Spouse: _____ My Latest Will, dated: _____

Is deposited with: _____

Address: _____

The Executor of my Will is: _____ Telephone No.: _____

My Power of Attorney is: _____

_____ Telephone No.: _____

The Lawyer who drew the Will is: _____

Whose address is: _____

INSURANCE

LIFE:

Company	Policy No.	Amount
Phone Number	Primary Beneficiary	
Double Indemnity <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver of Premium <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company	Policy No.	Amount
Phone Number	Primary Beneficiary	
Double Indemnity <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver of Premium <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOME:

Company	Policy No.	Amount
Phone Number	Primary Beneficiary	

HEALTH:

Company	Policy No.	Amount
Phone Number	Primary Beneficiary	

AUTOMOBILE:

Company	Policy No.	Amount
Phone Number	Primary Beneficiary	

DISABILITY INCOME

Company	Policy No.	Amount
Phone Number	Primary Beneficiary	

CEMETERY ARRANGEMENTS

Cemetery Name: _____

Lot Number: _____ Grave Number: _____

Receipt(s) No.: _____

**When services are required, please notify Pickering Islamic Centre [Tel:289-980-1157](tel:289-980-1157)
with the above information. We are available to serve you 24-7.**

FUNERAL ARRANGEMENTS AND SPECIAL WISHES

Name: _____

Funeral Pre-arranged _____

Name: _____

Funeral Pre-arranged _____

HELPFUL INFORMATION

The main purpose of the following section is to call attention to certain benefits which are available. It also helps to make many decisions a survivor may have to take. The intent is to guide your own family and possibly help a friend or relative who is not prepared.

CANADA PENSION PLAN – SURVIVOR BENEFITS

The Canada Pension Plan (CPP) provides survivor benefits which are payable in one of three ways.

Death Benefit

A lump-sum payment paid to the estate of a deceased contributor.

Surviving Spouse's Pension

A monthly pension paid to the surviving spouse of a deceased contributor.

Orphans Benefit

A flat rate monthly benefit provided for the dependent children of a deceased contributor.

To be eligible for benefits, the deceased must have contributed one third of the years since 1966 or since age 18 and a minimum of three years of contribution. Amounts of benefits vary according to the number of years and amount paid by the deceased into the Canada Pension Plan.

HOW TO CLAIM PENSION BENEFITS

Payment of survivor benefits is not automatic. Application for benefits should be made promptly because:

- 1) There is a waiting period from several weeks to several months before payments begin on an approved Claim and
- 2) the number of back payments (for months elapsed between the time of death and the date of application) is limited to twelve; failure to apply within one year of the date of death will result in lost benefits.

The executor or representative of the estate should apply for the death benefits. If there is no estate, the surviving spouse, the next of kin or person responsible for the funeral expense may apply.

The following documents are required:

- Social Insurance number/Birth Certificate for:
 - ✓ Deceased contributor
 - ✓ Surviving spouse
 - ✓ Any dependent children
- Marriage Certificates
- Proof of full time attendance at school or university for children between 18-25 years of age.
- Death Certificate or Funeral Directors Statement of Death.
- Copy of funeral contract or receipt for funeral expenses indicating who has assumed responsibility for funeral costs.

For additional/updated information please call Income Security Programs 1-800-277-9914.

EMPLOYMENT INSURANCE BENEFITS

If the deceased person was collecting employment insurance benefits at the time of his/her death, the estate of the beneficiary is eligible for the money that ordinarily would be coming from the beginning of the current reporting period to the date of death. For example, if the death occurred on a Friday, your estate is eligible for one week's benefit. On the other hand, if the death occurred on a Monday, there are no benefits payable to the estate.

For E.I. benefits the survivor must notify the employment insurance office immediately for the necessary forms. The cheque will be made payable to the estate of the deceased.

WORKPLACE SAFETY AND INSURANCE BOARD

The Workplace Safety Insurance Board provides benefits to the dependent of those who work for employers who contribute to the plan.

Spouses, children and other dependents of workers who are killed on the job or die from an industrial disease are eligible for benefits. The Board has the sole authority to decide whether an accident or disease is work-related and to award and pay benefits.

Common-law spouses may claim workplace Safety and Insurance Board Benefits. A separated spouse of a deceased worker is not entitled to compensate benefits unless the worker was required to make support, maintenance or alimony payments under a legal agreement or court order. The dependent children of a deceased worker are entitled to compensation benefits until they reach the age of 19. These benefits may be paid beyond this time if a child is still in school.

Dependents are defined by the Act as those members of a worker's family who were wholly or partially dependent on his or her earnings at the time of death.

Dependents Benefits

Lump Sum – A lump sum payment for the necessary funeral expenses of a deceased of a worker is determined and set annually by the Board. The Board will also pay for all necessary costs for transportation of the deceased worker's body for burial and up to a set amount for special expenses.

In addition, the spouse of a deceased worker is entitled to a lump sum payment increased for each year of age the spouse is under 40 years at the time of the worker's death, so that a spouse who is 20 years old will receive a maximum lump sum payment as set by the Board.

Spouses who are older than 40 years will receive a lump sum payment reduce by a set amount for each year of age over 40, to minimum amount for the spouse.

Periodic Payments - Monthly payments are also provided to the surviving spouse, children and/or dependents of a deceased worker. Calculating these payments is more complex because the amount to be paid is directly based on the deceased worker's net average earnings and the presence or absence of dependent children. These periodic payments continue for life although they will be readjusted when the spouse's youngest child reaches the age of 19.

Employment Assistance -- The Board's Vocational Rehabilitation Services are available to assist the spouse of a deceased worker. These programs include counselling and employment assistance.

Union Pension and Death Benefits -- If the deceased was a member of a labour union at the time of death or had ever been a member of a union, they may be eligible for death benefits under pension.

Veterans Affairs

Certain veterans are eligible for a full or partial burial allowance through grants by the Department of Veterans Affairs, or by the Department of Pensions by the Last Post Fund.

The Last Post Fund ensures the provision of an honorable burial and suitable grave Marking for veterans of Her Majesty's or Allied Forces who die without means to provide for a proper funeral and burial.

Assistance in determining qualification can be secured through the local Department of Veterans Affairs. They will also assist in determining eligibility for a widow's pension. If you are entitled to veterans benefits, to enter a claim on a veterans insurance policy, the Beneficiary or the legal representative must visit or write the nearest Veterans Affairs Department and fill out a claim form. In some cases, a death certificate and discharge papers might be required. If the claim is approved, payments should normally begin within thirty days.