



TriDelta Financial Guide

All in one place financial checklist



Client Name:

Date:

Financial Planner: Ted Rechtshaffen

TriDelta Financial Guide



An ‘All in One Place’ guide for your convenience.

Many clients who manage their own or their families’ financial matters have expressed concern that if something should happen to them, their spouses or loved ones would not have ready access to all relevant financial information.

One of the greatest gifts we have seen is where the individual responsible for the family’s financial affairs leaves clear, well organized plans and directions should something happen to them. At TriDelta Financial, we believe it is important that financial peace of mind extends to the whole family.

To help with this, we have put together the *TriDelta Financial All in One Place – Financial Peace of Mind Guide*. There is a great amount of detail in this guide and some of it may not be relevant to you. Please complete only the parts that you feel are important. Once you are comfortable with your information, this Guide should be printed and the file saved in a safe location, but accessible by other family members in an emergency.

Regards,
Ted Rechtshaffen, MBA, CFP

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Initial Executor Task List

- 1 Obtain All in One Place – Financial Peace of Mind guide from your secure computer files or a printed copy from a safe place.**
- 2 Obtain deceased’s identification and credit cards, and gather all files relevant to the information in the guide.**
- 3 If the deceased was employed at the date of death, advise their employer of their death.**
- 4 Locate the most recent Will and any codicils or memoranda.**
- 5 Contact clergy for guidance on arranging the funeral service and burial/cremation.**
- 6 Obtain eight original death certificates from the funeral home**
- 7 Contact the Government of Canada at 1.800.277.9914 to notify them and for information on the Canada Pension Plan and the Old Age Security program. Ask the agent for other Government numbers and departments that might be important.**

Contact key Advisors listed in the All in One Place – Financial Peace of Mind guide. Inform each of the death, and ask for their recommendations on next steps. You may want to work with one individual who can help you walk through the process. This is often a Lawyer or Financial Planner like those found at TriDelta Financial Partners.

This Guide is provided for information purposes only. It is recommended that individuals discuss their estate issues with their legal, accounting and financial planners.

Emergency Contact Information

Insurance Relationships

Primary Insurance Firm

Type of Insurance: (eg. Home, Auto, Life, Disability etc.)

Address:

Name of Primary Insurance Contact:

Name of Other Insurance Contact at Firm:

E-mail of Primary Insurance Contact:

Phone Number of Primary Insurance Contact:

1. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

2. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

3. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

4. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

Secondary Insurance Firm

Type of Insurance: (eg. Home, Auto, Life, Disability etc.)

Address:

Name of Primary Insurance Contact:

Name of Other Insurance Contact at Firm:

E-mail of Primary Insurance Contact:

Phone Number of Primary Insurance Contact:

1. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

2. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

3. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

4. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

Insurance Relationships cont'd

Other Insurance Firms

Address:

Name of Primary Insurance Contact:

Name of Other Insurance Contact at Firm:

E-mail of Primary Insurance Contact:

Phone Number of Primary Insurance Contact:

1. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

2. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

3. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

4. Name or Description of Account/Policy

Account/Policy Number

Coverage Amount:

Notes/Where to Find Files:

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Emergency Contact Information

Investment Relationships

Primary Investment Firm

Address:

Name of Primary Investment Contact:

Name of Other Investment Contact at Firm:

E-mail of Primary Insurance Contact:

Phone Number of Primary Insurance Contact:

Fax Number of Primary Investment Contact:

1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	As of Date

Secondary Investment Firm

Address:

Name of Primary Investment Contact:

Name of Other Investment Contact at Firm:

E-mail of Primary Insurance Contact:

Phone Number of Primary Insurance Contact:

Fax Number of Primary Investment Contact:

1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	As of Date

Investment Relationships cont'd

Other Investment Firms

Address:

Name of Primary Investment Contact:

Name of Other Investment Contact at Firm:

Phone Number of Primary Investment Contact:

E-mail of Primary Investment Contact:

1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	As of Date

Notes/Where to Find Files:

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Pension Plan(s)

Company #1 That Holds Pension Plan:

Address: _____

Name of Pension Plan Contact(s): _____

Phone Number of Pension Plan Contact(s): _____

E-mail of Pension Plan Contact(s): _____

1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	As of Date

Company #2 That Holds Pension Plan:

Address: _____

Name of Pension Plan Contact(s): _____

Phone Number of Pension Plan Contact(s): _____

E-mail of Pension Plan Contact(s): _____

1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	

Notes/Where to Find Files:

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Other Investments (Private equity, Holding companies, Stock/Bond certificates, etc.)

Type of Investment:

Approximate Value/Date of valuation:	Where information/documents held?
Name of Investment Contact/Key Partner:	E-mail of Investment Contact:
Phone Number of Investment Contact(s):	Fax Number of Investment Contact(s):

Type of Investment:

Approximate Value/Date of valuation:	Where information/documents held?
Name of Investment Contact/Key Partner:	E-mail of Investment Contact:
Phone Number of Investment Contact(s):	Fax Number of Investment Contact(s):

Type of Investment:

Approximate Value/Date of valuation:	Where information/documents held?
Name of Investment Contact/Key Partner:	E-mail of Investment Contact:
Phone Number of Investment Contact(s):	Fax Number of Investment Contact(s):

Type of Investment:

Approximate Value/Date of valuation:	Where information/documents held?
Name of Investment Contact/Key Partner:	E-mail of Investment Contact:
Phone Number of Investment Contact(s):	Fax Number of Investment Contact(s):

Notes/Where to Find Files:

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Banking/Lending Relationships

Primary Bank

Location:

Name of Primary Bank Contact: _____ Phone Number of Primary Bank Contact: _____

E-mail of Primary Bank Contact: _____

1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	As of Date

Secondary Bank

Location:

Name of Secondary Bank Contact: _____ Phone Number of Secondary Bank Contact: _____

E-mail of Secondary Bank Contact: _____

1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	

Banking/Lending Relationships cont'd

Other Bank

Location:

Name of Primary Bank Contact:	Phone Number of Primary Bank Contact:
E-mail of Primary Bank Contact:	Fax Number of Primary Bank Contact:
1. Name or Description of Account	Account Number
Account Balance	As of Date
2. Name or Description of Account	Account Number
Account Balance	As of Date
3. Name or Description of Account	Account Number
Account Balance	As of Date
4. Name or Description of Account	Account Number
Account Balance	As of Date

Notes/Where to Find Files:

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Employee/Company Benefits and Medical Plans

Company Name #1:

Approximate Value/Date of valuation:	Where information/documents held?
Name of Investment Contact/Key Partner:	E-mail of Investment Contact:
Phone Number of Investment Contact(s):	Fax Number of Investment Contact(s):

Company Name #2:

Approximate Value/Date of valuation:	Where information/documents held?
Name of Investment Contact/Key Partner:	E-mail of Investment Contact:
Phone Number of Investment Contact(s):	Fax Number of Investment Contact(s):

Medical Plans:

Company Managing the Medical Plan:	Contact Name at Medical Plan:
Plan Number:	Personal Number:

Notes / Where to Find Files / How to Make Claims:

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Legal Relationships

Primary Law Firm

Address:

Name of Primary Lawyer:

Name of Other Legal Contact at Firm:

Phone Number of Primary Lawyer:

E-mail of Primary Lawyer:

Other Law Firm

Address:

Name of Primary Lawyer:

Name of Other Legal Contact at Firm:

Phone Number of Primary Lawyer:

E-mail of Primary Lawyer:

Notes / Where to Find Files / Description of Legal Work Done:

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Accounting Relationships

Primary Accounting Firm

Address:

Name of Primary Accountant:

Name of Other Accounting Contact at Firm:

Phone Number of Primary Accountant:

Fax Number of Primary Accountant:

E-mail of Primary Accountant:

Other Accounting Firm

Address:

Name of Primary Accountant:

Name of Other Accounting Contact at Firm:

Phone Number of Primary Accountant:

Fax Number of Primary Accountant:

E-mail of Primary Accountant:

Notes / Where to Find Files / Description of Accounting Work Done:

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Other Advisory Relationships

Name of Advisor/firm

Nature of Advisory Relationship:

Address:

Name of Other Advisor Contact at Firm:

Phone Number of Advisor:

E-mail of Advisor:

Fax Number of Advisor:

Name of Advisor/firm

Nature of Advisory Relationship:

Address:

Name of Other Advisor Contact at Firm:

Phone Number of Advisor:

E-mail of Advisor:

Fax Number of Advisor:

Name of Advisor/firm

Nature of Advisory Relationship:

Address:

Name of Other Advisor Contact at Firm:

Phone Number of Advisor:

E-mail of Advisor:

Fax Number of Advisor:

Notes / Where to Find Files / Description of Advisory Work Done:

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Real Estate Holdings

Holding #1

Address:

Purpose of Holding (eg. Prime residence, Vacation residence, Investment property):

Tax roll number or Property number:

Registered owner of property (eg. Individual name, joint ownership, holding company):

Annual Property Taxes:

Taxes paid to (city, township, etc.):

Purchase Price:

Date of Purchase:

Holding #2

Address:

Purpose of Holding (eg. Prime residence, Vacation residence, Investment property):

Tax roll number or Property number:

Registered owner of property (eg. Individual name, joint ownership, holding company):

Annual Property Taxes:

Taxes paid to (city, township, etc.):

Purchase Price:

Date of Purchase:

Holding #3

Address:

Purpose of Holding (eg. Prime residence, Vacation residence, Investment property):

Tax roll number or Property number:

Registered owner of property (eg. Individual name, joint ownership, holding company):

Annual Property Taxes:

Taxes paid to (city, township, etc.):

Purchase Price:

Date of Purchase:

Notes / Where to Find Files:

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Memberships

Name of Organization

Address:

Membership Number or Identifier:

Term of Membership (Annual or Lifetime):

Name of Key Contact(s):

Name of Other Contact(s):

E-mail of Organization:

Phone Number of Organization:

Fax Number of Organization:

Name of Organization

Address:

Membership Number or Identifier:

Term of Membership (Annual or Lifetime):

Name of Key Contact(s):

Name of Other Contact(s):

E-mail of Organization:

Phone Number of Organization:

Fax Number of Organization:

Name of Organization

Address:

Membership Number or Identifier:

Term of Membership (Annual or Lifetime):

Name of Key Contact(s):

Name of Other Contact(s):

E-mail of Organization:

Phone Number of Organization:

Fax Number of Organization:

Notes/Where to Find Files:

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Other information:

Funeral Requests:



Other information cont'd

List of passwords for websites and online subscriptions
(Website address, password, short description)

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Other information cont'd

List of service people who maintain home/homes (Service, name, number)

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Service	Name	Number
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Other Key Information

Name of Family Member #1

Address:	Phone Number:
Spiritual/Religious Congregation – Name:	Phone Number:
Social Insurance Number:	Health Card Number:
Driver's License Number:	Passport Number:
Passport Expiry Date:	Country of Passport:
Employer:	Employer's Phone Number:
Employer Contact Name:	

Credit Card #1

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #2

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #3

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #4

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Notes/Where to Find Files:

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Other Key Information cont'd

Name of Family Member #2

Address:	Phone Number:
Spiritual/Religious Congregation – Name:	Phone Number:
Social Insurance Number:	Health Card Number:
Driver's License Number:	Passport Number:
Passport Expiry Date:	Country of Passport:
Employer:	Employer's Phone Number:
Employer Contact Name:	

Credit Card #1

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #2

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #3

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #4

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Notes/Where to Find Files:

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Other Key Information cont'd

Name of Family Member #3

Address:	Phone Number:
Spiritual/Religious Congregation – Name:	Phone Number:
Social Insurance Number:	Health Card Number:
Driver's License Number:	Passport Number:
Passport Expiry Date:	Country of Passport:
Employer:	Employer's Phone Number:
Employer Contact Name:	

Credit Card #1

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #2

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #3

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #4

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Notes/Where to Find Files:

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Other Key Information cont'd

Name of Family Member #4

Address:	Phone Number:
Spiritual/Religious Congregation – Name:	Phone Number:
Social Insurance Number:	Health Card Number:
Driver's License Number:	Passport Number:
Passport Expiry Date:	Country of Passport:
Employer:	Employer's Phone Number:
Employer Contact Name:	

Credit Card #1

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #2

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #3

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #4

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Notes/Where to Find Files:

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Other Key Information cont'd

Name of Family Member #5

Address:	Phone Number:
Spiritual/Religious Congregation – Name:	Phone Number:
Social Insurance Number:	Health Card Number:
Driver's License Number:	Passport Number:
Passport Expiry Date:	Country of Passport:
Employer:	Employer's Phone Number:
Employer Contact Name:	

Credit Card #1

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #2

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #3

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #4

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Notes/Where to Find Files:

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Other Key Information cont'd

Name of Family Member #6

Address:	Phone Number:
Spiritual/Religious Congregation – Name:	Phone Number:
Social Insurance Number:	Health Card Number:
Driver's License Number:	Passport Number:
Passport Expiry Date:	Country of Passport:
Employer:	Employer's Phone Number:
Employer Contact Name:	

Credit Card #1

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #2

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #3

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Credit Card #4

Company:	Card Number:
Name on Card:	Expiry Date:
Phone Number for Credit Card:	

Notes/Where to Find Files:

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Notes

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TriDelta Financial

www.tridelta.ca

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