

Personal Information Booklet

A guide to assist you in compiling and documenting personal, financial and estate information for your family or your estate executor.

PORT PERRY
HOSPITAL
Foundation

This booklet will document your personal and financial information that is helpful in managing your affairs.

This booklet could be the greatest gift you leave for the person responsible for looking after your affairs if you become seriously incapacitated or when you pass away.

We all want to believe that we will have lots of time to get our affairs in order when the time approaches, but it is always a wise decision to be as prepared as possible for life's eventualities.

This booklet is a wonderful aid to being prepared. It provides an all-in-one-place tool for you to gather vital details about your legal and financial matters, health information, day-to-day practical matters, and wishes.

This is not a legal document. This is not a substitute for a legal will or estate plan. However, it will be a great help to your family or executor at a most difficult time, and could help them save time and money.

Fill out what is necessary. You may not need to complete the entire book. You'll find extra pages in the back if you need additional space. We've tried to cover traditional areas of importance as well as areas related to today's technology.

Consider reviewing your booklet once a year, perhaps at tax time, and update anything that has changed.

Keep this book secure. Let your family or executor know its location. We suggest storing it with copies of relevant important documents such as your will, in separate folders.

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Thank you for your support of Port Perry Hospital Foundation.

If you have any questions, including about leaving a gift in your Will towards patient care, please do not hesitate to contact us at the Foundation office, 905-985-7321 ext 45580.

There are many reasons to consider a charitable bequest, and it can be a powerful tool for reducing estate tax. You do not need to be wealthy to leave your personal legacy and make a lasting impact.

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Foundation

Being Prepared

Family and friends face many difficult issues when they need to look after the affairs of a loved one. This booklet allows you to include details about your personal and financial affairs in one place. It might take a little time to prepare but it will be one of the most caring gifts you can leave to your family.

Let your family know
your wishes in this book.

Everyone needs a Will...

... Or the Province of Ontario, through the Ontario Succession Law Reform Act, will decide for you. That's right – without a Will everything that you worked so hard for over your lifetime will be disposed of by government process.

Everyone needs a Will, regardless of the size and complexity of their assets. Preparing a legal Will ensures that your estate and possessions will be distributed exactly as you wish after your death, ensuring that your legacy is preserved exactly as you intended.

We're here to help

If you do not have a lawyer or professional adviser, we can help connect you to resources that are available in our community. The Port Perry Hospital Foundation is not a legal adviser so it is essential that you consult with certified professionals.

We can also provide assistance on:

- How current charitable gifts can help you save taxes.
- How to include Port Perry Hospital Foundation or other charities in your Will.
- Different ways to leave a charitable bequest in your Will.

Personal Information

Full Legal Name _____

Name at Birth (if different from above) _____

Address _____

Street

City

Province

Postal Code

Social Insurance Number _____

Home Telephone Number _____

Cell Number _____

Place of Birth _____

City/Town

Province

Postal Code

Date of Birth _____

Month

Day

Year

Father's Name _____

Mother's Maiden Name _____

Citizenship _____

Do you have dual citizenship? Yes No

(if yes, the appropriate embassy will need proof of citizenship and other government information)

Do you have a passport? Yes No

If yes, where is it kept? _____

Do you have a driver's license? Yes No

If yes, issued by which province? _____

Marital Status Married Common Law Never Married
 Divorced Separated Widowed

Spouse's Name _____

Date of Marriage _____
Month Day Year

Place of Marriage _____
City Country

Where do you keep your paper files? _____

Location of safe _____

Key location or combination _____

Location of fireproof box _____

Key location or combination _____

Does someone make regular visits to your home (e.g. to clean or provide care)?

Organ Donation

Are you an Organ Donor? Yes No

Visit beadonor.ca

Registration and consent can be checked using name, health card number, and birth date.

Personal Information

Next of Kin

Name _____ Relationship _____

City of Residence _____ Phone # _____

Email _____

Name _____ Relationship _____

City of Residence _____ Phone # _____

Email _____

Name _____ Relationship _____

City of Residence _____ Phone # _____

Email _____

Name _____ Relationship _____

City of Residence _____ Phone # _____

Email _____

Employment History

Present (or Former) Employer _____

Address of Employer _____

Date of Retirement (if applicable) _____

Month

Year

Pension Benefits Yes No

Member of a Labour Union Yes No

Name of Local _____

Address _____

Street

City

Province

Postal Code

Online Accounts

In today's day & age, a lot of our activity is completed online, both for personal and financial purposes. Even though our user names & passwords are to be kept secret, it can be helpful for your executor to be able to electronically access your different accounts.

	Username	Password
Computer / Laptop	_____	_____
iPad	_____	_____
Cell Phone	_____	_____

Where do you store your usernames and passwords?

Master Password _____

	Username	Password
Banking	_____	_____
Email #1	_____	_____
Email #2	_____	_____
Cloud Storage	_____	_____
Other	_____	_____
Other	_____	_____

Social Media Accounts

Unless you have shared your login information to your social media accounts, if no-one tells the site you have died, your account can stay "active" until the site itself no longer exists.

Different sites have different processes. Providing usernames and passwords is a great start.

Social Media Platform	Username	Password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you know?

Facebook: In your account, you can currently set-up a "Facebook Legacy Contact" who can "memorialize" or delete your account.

Instagram: Verified family members with proper proof upon death can request the page to be "memorialized" or deleted.

Financial Information

Automatic Payments

What expenses are automatically withdrawn from your bank account or credit card?

Television _____

Internet _____

Telephone / Cell phone _____

Subscriptions to magazine or newspaper _____

Subscriptions to Online Services like Netflix, Prime, Spotify, Audible, etc.

Utilities _____

Insurance _____

Charitable Donations _____

Other _____

Bank Accounts

Institution	Account Number(s)	Password or PIN
Chequing _____	_____	_____
Chequing _____	_____	_____
Savings _____	_____	_____
Savings _____	_____	_____
Other _____	_____	_____
Brokerage _____	_____	_____

Credit Cards

Type of Card (e.g: TD Visa)	Card Number	Exp Date	CVC #	Password or PIN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Financial Information

Income Sources

Canadian Pension Plan Yes No

Old Age Security Yes No

Pension from a country other than Canada _____

Contact to stop direct deposit payments _____

Other Pension or Annuity Income

Income Source	Monthly Amount	Contact if Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

RSP/RIF Information

Institution	Account Number	Contact if Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

Safety Deposit Box Information

Institution _____

Address _____

Box Number _____

Key Number _____ Key Location _____

Persons Having Access _____

Phone Number _____

Other Financial Assets

Description	Location	Asset Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks & Shares

Description	Quantity
_____	_____
_____	_____
_____	_____

Assets

Automobile

Year	Make	Model
_____	_____	_____
_____	_____	_____

Real Estate / Property

Property #1 Description _____ Sole Owner Co-owner

Address _____

Street

City Province Postal Code

Property #2 Description _____ Sole Owner Co-owner

Address _____

Street

City Province Postal Code

Other Assets

Asset	Description
_____	_____
_____	_____

Debts or Loans

Mortgage Information

Institution _____ Mortgage Number _____

Payment Amount and Schedule _____

Date of Completion _____

Car Loan

Car Lease

Institution _____

Payment Amount and Schedule _____

Date of Completion _____

Line of Credit

Institution _____

Account Number _____

Other

Insurance

Medical / Healthcare

OHIP (or other Healthcare Insurance) _____

Supplementary Medical Insurance _____

Supplementary Policy Number _____

Other Medical Insurance _____

Life

Insurance Company _____ Policy Number _____

Beneficiary of Policy _____

Agent _____ Phone Number _____

Insurance Company _____ Policy Number _____

Beneficiary of Policy _____

Agent _____ Phone Number _____

Insurance Company _____ Policy Number _____

Beneficiary of Policy _____

Agent _____ Phone Number _____

Automotive

Insurance Company _____ Policy Number _____

Agent _____ Phone Number _____

Property

Insurance Company _____ Policy Number _____

Agent _____ Phone Number _____

Disability

Insurance Company _____ Policy Number _____

Agent _____ Phone Number _____

Other

Type _____

Insurance Company _____ Policy Number _____

Agent _____ Phone Number _____

Power of Attorney

Power of Attorney for Financial Matters and Property

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Power of Attorney for Personal Care

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Estate Planning

Solicitor

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Financial Advisor

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Last Will and Testament

Date of Will _____ Date of Codicil _____

(if applicable)

Who Prepared Your Will? _____

Location of Original Copy _____

Additional Copies With _____

Executor(s)

Name _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Name _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Name _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Estate Settlement

Accountant

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Tax Returns

Where are the prior year records kept? _____

Who prepares your tax return? _____

Banker / Financial Representative

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Physician

Name _____ Practice _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Religious Institution

Name _____ Company _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Other

Name _____ Practice _____

Address _____

Street

City

Province

Postal Code

Phone _____ Email _____

Statement of Wishes

for Funeral or Memorial Service

My pre-arrangements have been made with

Name of Funeral Home/Agency _____

Address _____

Street

City

Province

Country

Postal Code

Phone _____ Email _____

Please use this opportunity to list your specific information or instructions
(For example, preferred clergy, special readings, hymns and music, preference
for flowers or donations to a preferred charity).

Final Disposition

(Your wishes and decisions on burial or cremation and final resting place.)

Family and Friends

Who would you like specifically notified in the event of a health crisis or death?

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Family and Friends

Who would you like specifically notified in the event of a health crisis or death?

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Donor Support Through Port Perry Hospital Foundation

Lakeridge Hospital (LH) Port Perry hospital, formerly the Community Memorial Hospital, opened its doors on Paxton St in 1969. Since then, this hospital has been central to the thriving Township of Scugog and other communities in North Durham, providing essential healthcare for generations of families with deep roots in the community, as well as newcomers and visitors alike.

From start of life to final days, and at many points in between, the people of our community have relied on this hospital's life-saving and compassionate care, close to home.

The medical team at LH Port Perry hospital take great pride in their delivery of patient care. State-of-the-art medical equipment and other enhancements to care are central to their ability to provide the best care possible for their patients. The reality is that the great majority of medical equipment and updates to our hospital would simply not be possible if not for donor support.

There is no doubt LH Port Perry is a strong and vibrant centre of healthcare. There is also no doubt this is, in large part, because of our donors' support, including through the generosity of those who include a gift in their Will or other planned gift.

At the Port Perry Hospital Foundation, we are honoured to help donors leave a legacy and make a lasting difference for their community for years to come.

We Need Your Help

Everyone hopes to enjoy healthy, active lives. When illness or injury strikes, the dedicated doctors, nurses, and health professionals at Lakeridge Health Port Perry Hospital are here to provide care, treatment, and comfort. At some point, each of us will need the services of our local hospital.

As Port Perry grows, the demand to replace aging equipment and invest in new medical technologies is essential. Faster and more accurate diagnoses and treatments lead to better outcomes and shorter hospital stays. Most importantly, by expanding services and introducing new care options, more patients can receive treatment closer to home and closer to loved ones.

You can play a vital role in making this possible. Planned gifts offer individuals the opportunity to make a gift of a lifetime, one that ensures exceptional patient care well into the future. By including the Port Perry Hospital Foundation in your Will or naming us as an insurance beneficiary, you can help support the hospital's greatest needs, and even contribute to the expansion of regional programs that are so important as we look to the future.

In choosing to support Port Perry Hospital Foundation with a gift in your Will or other planned gift, you leave a legacy of protecting the health of your family and community for generations to come. You also have an opportunity to reduce the tax burden at end of life, leaving more for loved ones and the causes you care about most.

Booklet provided by:

Port Perry Hospital Foundation

451 Paxton St, Port Perry, ON L9L 1L9

905-985-7321 ext 45580

www.pphfoundation.ca

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