

Local 276 Sheet Metal Workers Wills Program

**PEARLMAN
LINDHOLM**
Barristers & Solicitors



Pearlman Lindholm is pleased to partner with Local 276 of the Sheet Metal Workers International Association to provide Wills at a reduced rate for the Union, and at no out-of-pocket cost to Members and their spouses.

*This questionnaire assists us by providing the information we need to prepare an initial draft. Please return your completed questionnaire to **Jason Pedersen**, Business Manager at Local 276, by email at Jason@smwia276.ca.*

*If you wish to contact Pearlman Lindholm directly, please contact **Jessica Tara**, Lawyer, at **250-388-4433, x245**, or email jtara@pearlmanlindholm.com with "Sheet Metal Wills Program" and your name in the subject line.*

Contact Information

Full legal name:

Home address:

Phone:

Email:

Birth date:

Birth place:

Occupation:

Family Information

Marital status

never married legally married common law separated divorced widowed

If your spouse is not also completing a copy of this form, please provide the following information:

Spouse's full legal name:

Spouse's home address (if different):

Spouse's phone:

Spouse's email:

Spouse's birth date:

Spouse's birth place:

Spouse's occupation:

Children

1. Full legal name:

Birth date:

Home address:

2. Full legal name:

Birth date:

Home address:

3. Full legal name: Birth date:

Home address:

4. Full legal name: Birth date:

Home address:

5. Full legal name: Birth date:

Home address:

Are any of your children under a disability or incapable of managing their affairs? yes no

Are any of your children receiving government disability benefits? yes no

Are any of your children estranged from you? yes no

Real Property Information

Do you own your home (listed in “home address” on page 1)? yes no

Do you own with anyone else? Who?

Manner of ownership: joint tenancy tenancy in common don't know

Do you own secondary property (cabin, investment property, etc.)? yes no

Address:

Do you own with anyone else? Who?

Manner of ownership: joint tenancy tenancy in common don't know

Financial Information

Please list your banks and the type of account (chequing, savings, etc.):

Please check all of the following that you have: TFSA RRSP RRIF life insurance

other plan:

Have you designated a beneficiary on any of the plans above? yes no don't know

Do you have a cryptocurrency account? yes no

Company Information

Do you own any interest in a corporation, partnership, or proprietorship? yes no

Name of company/partnership/proprietorship:

BC incorporation number (if known):

Executors

Your executor is the person responsible for carrying out your wishes in your will, including attending to funeral arrangements, gathering in all assets of your estate, paying any debts, distributing your estate to your beneficiaries, and, if applicable, holding any funds in trust for minors or persons with disabilities.

1. First choice executor & relationship to you:

Executor’s address (if not already listed):

2. Second choice executor & relationship to you:

Executor’s address (if not already listed):

Guardians

We advise clients with minor children to appoint a guardian in the event of the death of you and the child(ren)’s other parent.

1. First choice guardian & relationship to you:

Guardian’s address (if not already listed):

2. Second choice guardian & relationship to you:

Guardian’s address (if not already listed):

Your Estate

Specific Bequests

Do you have any specific items of personal property that you wish to gift to certain people (e.g. art, jewellery, family heirlooms, etc.)? Attach a separate sheet if necessary.

1. Item description:

Beneficiary & relationship to you:

Beneficiary’s address (if not already listed):

2. Item description:

Beneficiary & relationship to you:

Beneficiary’s address (if not already listed):

3. Item description:

Beneficiary & relationship to you:

Beneficiary’s address (if not already listed):

Charitable Cash Bequests

Do you wish to make any charitable bequests? yes no

1. Charity name:

Amount:

2. Charity name:

Amount:

Residue

Who do you wish to receive the residue (i.e. what is left over after debts are paid and specific items or cash bequests have been gifted) of your estate?

100% or ____% to my spouse OR:

1. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

2. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

3. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

4. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

If you are giving any of the residue to minor (under 19) beneficiaries, at what age do you wish them to receive their share absolutely (i.e. no longer held in trust)? 19 21 25 30 other:

We advise clients to name alternate beneficiaries in case the initial intended beneficiary does not survive you. A common plan for clients with a spouse and/or children/grandchildren may look like the following:

1. Everything to your spouse;
2. If your spouse does not survive you, then everything to your children in equal shares;
3. If one or more of your children does not survive you, then that deceased's child's share to that deceased child's children;
4. If one or more of your children does not survive you and that deceased child does not have any children, then that deceased child's share to your surviving child(ren);
5. If you are not survived by any of your spouse/children/grandchildren, then to other surviving family members (e.g. siblings, nieces/nephews) or to charities.

The above may be drafted to reflect your or your children's growing family(ies).

Please list your alternate beneficiaries.

1. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

2. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

3. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

4. Percentage of estate:

Beneficiary & relationship to you:

Beneficiary's address (if not already listed):

If any of your alternate beneficiaries are minors, please indicate that fact above and indicate the age at which you wish them to receive their share absolutely: 19 21 25 30 other:

Loans to Beneficiaries

Have you made substantial loans to any of your intended beneficiaries? Who? yes no

Should the amount outstanding at your death: be forgiven? *OR*

be deducted from that beneficiary's share?

Funeral & Cremation/Burial Wishes

Have you already made arrangements with a funeral service provider? yes no

Name of funeral service provider:

Indicate your choice(s) of the following, if known: cremation burial no funeral/memorial service

simple funeral/memorial service donate body to UBC Body Donation Program

Any special instructions regarding scattering of ashes, burial, or funeral/memorial service:

Other

Please note any other specific instructions or concerns regarding your will: