



**Rouge Valley**  
HEALTH SYSTEM  
FOUNDATION

*Personal Information  
Booklet*

*A Guide to assist you in compiling and documenting  
personal and estate information*

Dear Friends:

We are very pleased to present you with a copy of our ***Personal Information Booklet***. Rouge Valley Health System Foundation has designed this booklet to assist you and your family with your estate planning process. Charitable gifts included as part of your financial and estate planning, can ensure that your legacy of generosity continues, even when you are unable to personally give.

This booklet will convey essential personal information to those who need to know, assisting you in documenting information about all aspects of your estate plan, including all legal and financial matters. While it contains critical information, it is not a legal document and should not substitute for a Will or an estate plan. Please consult your professional advisor during the estate planning process.

You may want to make a copy of this booklet for your family, friends and all others who will require this information in order to settle your estate.

Rouge Valley Health System Foundation's Planned Giving Committee is comprised of financial and legal professionals who are available to offer their expertise to help maximize an individual's financial planning potential. If we can be of any assistance to you in the planning process, please do not hesitate to contact us (416) 281-7342.

Thank you for being a loyal supporter of Rouge Valley Health System Foundation. Your commitment and generosity is truly appreciated.

*The mission of the Rouge Valley Health System Foundation is to partner with the community to invest in superior healthcare at Rouge Valley Health System.*



## *Being Prepared*

Family and friends face many difficult issues when a loved one dies, including making funeral arrangements, carrying out the estate plan and dealing with legal and financial matters. This booklet, which allows you to include details about your personal and financial affairs in one place, is one of the most caring gifts you can leave to your family. Rouge Valley Health System Foundation has prepared and designed this booklet to assist you with providing vital information your family will need to carry out your wishes.

## *Your Estate Plan*

Everyone needs a Will, regardless of the size and complexity of their assets. Should you die without a Will, the government will determine what happens to your 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*

At Rouge Valley Health System Foundation, we can provide you with the direction that you need in preparing a Will or an estate plan.

We can also provide assistance on:

- How current charitable gifts can increase your lifetime income and save taxes
- How to include Rouge Valley Health System Foundation or other charities in your Will
- How to leave a gift to Rouge Valley Health System Foundation that will preserve your legacy in perpetuity

# *Personal Information*

Full Legal Name: \_\_\_\_\_

Name at Birth (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City Province/State Country

Date of Birth: \_\_\_\_\_  
Month Day Year

Citizenship: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Marital Status:  Married  Never Married  Divorced  Separated  Widowed

Spouse's Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
Month Day Year City Country

Next of Kin:

<i>Name</i>	<i>Relationship</i>	<i>City of Residence</i>	<i>Phone #</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# *Financial Information*

## *Bank Accounts*

Chequing Account(s): \_\_\_\_\_  
Institution Account Number(s)

Savings Account(s): \_\_\_\_\_  
Institution Account Number(s)

Other Account(s): \_\_\_\_\_  
Institution Account Number(s)

Brokerage Account(s): \_\_\_\_\_  
Institution Account Number(s)

## *Credit Cards*

\_\_\_\_\_  
Type of Card Card Number

\_\_\_\_\_  
Type of Card Card Number

\_\_\_\_\_  
Type of Card Card Number

## *Income Sources*

Canada Pension Plan:  YES  NO      Old Age Security/GIS:  YES  NO

Other Pension or Annuity Income:

\_\_\_\_\_  
Income Source Monthly Amount

\_\_\_\_\_  
Income Source Monthly Amount

\_\_\_\_\_  
Income Source Monthly Amount

Mortgage Information:

\_\_\_\_\_  
Institution Mortgage Number

RSP/RIF Information

Institution	Account Number
Institution	Account Number
Institution	Account Number

Insurance Policy Information:

Institution	Policy Number
Institution	Policy Number
Institution	Policy Number

Safety Deposit Box Information:

Institution and Address	Box Number
Key Number	Key Location
Persons Having Access	Phone Number(s)

Other Financial Assets

*Canada Savings Bonds, GICs, CDs, etc*

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

# *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 and Address of Local: \_\_\_\_\_  
Name Address

## *Other Assets*

### *Automobile(s)*

Make Year Lease/Own

Make Year Lease/Own

### *Real Estate/Property*

#### Property #1

Address City

Property Description Sole Owner/Co-owner

#### Property #2

Address City

Property Description Sole Owner/Co-owner

*Other Assets*

Asset	Description
Asset	Description
Asset	Description
Asset	Description
Asset	Description

# *Insurance Information*

## *Medical/Healthcare*

OHIP (or other Healthcare Insurance): \_\_\_\_\_

Supplementary Medical Insurance: \_\_\_\_\_  
Name Policy Number

Other Medical Insurance: \_\_\_\_\_

## *Life Insurance*

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## *Automobile Insurance*

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## *Property Insurance*

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# *Estate Planning Information*

## *Solicitor*

_____	_____
Name	Address
_____	_____
City	Phone Number

## *Financial Advisor*

_____	_____
Name	Address
_____	_____
City	Phone Number

## *Executor #1*

_____	_____
Name	Address
_____	_____
City	Phone Number

## *Executor #2*

_____	_____
Name	Address
_____	_____
City	Phone Number

## *Executor #3*

_____	_____
Name	Address
_____	_____
City	Phone Number

## *Last Will and Testament*

Date of Will: \_\_\_\_\_ Date of Codicil (if applicable) \_\_\_\_\_

Location of Original Copy: \_\_\_\_\_

Additional Copies with: \_\_\_\_\_

# *Estate Settlement Information*

## *Accountant*

Name	Address
City	Phone Number

## *Banker/Financial Representative*

Name	Address
City	Phone Number

## *Broker*

Name	Address
City	Phone Number

## *Physician*

Name	Address
City	Phone Number

## *Funeral Home/Agency*

Name	Address
City	Phone Number

## *Religious Institution*

Name	Address
City	Phone Number

## ***Estate Settlement Information (cont'd)***

### ***Power of Attorney for Property***

Name	Address
City	Phone Number

### ***Power of Attorney for Property***

Name	Address
City	Phone Number

### ***Power of Attorney for Personal Care***

Name	Address
City	Phone Number

### ***Power of Attorney for Personal Care***

Name	Address
City	Phone Number

***Organ Donor***  YES  NO

# *Statement of Wishes for Funeral or Memorial Service*

My Pre-arrangements have been made with:

Name of Funeral Home	Address
City	Phone Number

If you have not documented this information elsewhere or had a conversation with a family member or friend about your funeral wishes, 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).

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In lieu of flowers, donations may be made to:

Name of Charitable Organization	Address	City
Name of Charitable Organization	Address	City



# *Rouge Valley Health System*

## **About Rouge Valley**

Running along the boundary between the Greater Toronto Area and Durham Region is the Rouge River valley. It's a natural area of great beauty. It's also the name chosen to celebrate the merger between two hospitals, Centenary Health Centre in Scarborough and Ajax and Pickering Health Centre in west Durham.

Rouge Valley Centenary, formerly Centenary Health Centre was built in Canada's centennial year. It has grown with the community that surrounds it and now serves close to 529,000 people, offering a wide range of specialized services. Rouge Valley Ajax and Pickering began as a cottage hospital serving the wartime community of Ajax. It too has expanded rapidly, reflecting the needs of one of Ontario's fastest growing regions.

## **We Need Your Help**

*Rouge Valley Health System has one goal – to deliver outstanding care to the people we serve.*

That means continuing to expand to accommodate a growing patient population. It means renewing equipment to keep pace with rapid changes in medical technology. It means introducing new services so that our patients can get the care they need close to home.

We need your help. Contributions from individuals, corporations and foundations are critical to the health, vigour and future of our health system. Planned gifts give individual donors the chance to make a gift of a lifetime. Please consider including Rouge Valley Health System in your will and other charitable gift planning.

Provided by:



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