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SUPPLEMENT

My Personal Record of Important Data

NOTE: This document is NOT A WILL

Personal Data of: _____

This record of personal data is valuable to You, your Family, your Power of Attorney, your Executor and your Lawyer. Should you be incapacitated or should your estate need to be settled, a personal record can ease any confusion and lessen expense.

Completing multiple copies might be useful: a copy for you, your Power of Attorney, and your Executor. Whatever your distribution, keep your copy in a safe place known by your Power of Attorney and/or Executor. Do NOT store it in your Safety Deposit Box since this may delay access should time be critical to optimal decisions.

Consider regular (perhaps annual) reviews of your personal data.

General Information:

- Power of Attorney for Personal Care:** a legal document in which you name a person to make decisions about your medical and other care when you become unable to make those decisions yourself while alive but incompetent.
- Power of Attorney for Property:** a legal document in which you name a person to make decisions about your money and other assets on your behalf while you are alive but incompetent.
- Executor:** the person named in your will to handle the closing of your estate after your death.
- Wills and Powers of Attorney ensure that your wishes are carried out as you direct otherwise court-appointed administrators will perform these functions - and not necessarily according to your wishes nor for the most economical solution.

You can obtain easy to complete forms and information booklets from the Public Guardian and Trustee (OPGT) at: 416.314.2800 (in Toronto), 1.800.366.0335 or the website: www.attorneygeneral.jus.gov.on.ca. You may wish to consult a lawyer before finalizing your Powers of Attorney as they grant a great deal of power to another person if you are incapable.

Note also: individuals acting on your behalf will need complete documentation as to your incapacity before they can perform some stipulated functions. You may wish to talk with your financial institution representative about their requirements.

PERSONAL INFORMATION

Name: _____
(full, as on birth certificate, include names under which you may have been commonly known: e.g. John Q. Public, John Public, Johnny, Jack, etc.)

Social Insurance Number (SIN): ____ - ____ - ____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Telephone: _____._____._____ Email: _____

Teaching Record

Board: _____

Schools (list backwards from whence retired): _____

PARTNER'S INFORMATION

Name: _____

Address (if other than above): _____

Telephone (if other than above): _____._____._____

Email (if other than above): _____

IMPORTANT CONTACTS

Lawyer

Name: _____
Address/Telephone/Email: _____
Latest Will Dated: _____

Executor

Name: _____
Address/Telephone/Email: _____

Power of Attorney for Personal Care

Name: _____
Address/Telephone/Email: _____

Power of Attorney for Property

Name: _____
Address/Telephone/Email: _____

Physician Name: _____
Address: _____ Telephone: _____

Physician - Specialist Name: _____
Address: _____ Telephone: _____

Hospital of Record: _____
Registration/Patient #: _____

Accountant

Name: _____
Address: _____ Telephone: _____

Religious Affiliation/Institution: _____
Clergy Name: _____ Telephone: _____

Other: Title: _____ Name: _____
Address: _____ Telephone: _____

Other: Title: _____ Name: _____
Address: _____ Telephone: _____

PENSIONS

Ontario Teachers' Pension Plan

Contact: 416.226.2700/1.800.668.0105
Beneficiary: _____
Your last pension payment is at the end of the month of your death. Prompt notification ensures proper administration without overpayment claims on your estate.

Other Pension: _____
Employer: _____ Financial Institution: _____
Policy #: _____ Telephone: _____
Beneficiary: _____

Other Pension: _____
Employer: _____ Financial Institution: _____
Policy #: _____ Telephone: _____
Beneficiary: _____

MEDICAL RECORDS

Health Card Number: _____
Location of Health Card: _____

Current Prescribed medications: _____
Medication's Pharmacy/Branch: _____

List potential Medical issues (allergies, heart, etc.): _____

Other Potential Issues: _____

I have a Power of Attorney for Personal Care: Y N
Ensure this document clearly states your wishes and your family is aware. This will minimize potential third-party interference.

I am willing to donate any required organs: Y N

If 'Yes' to organ donation, does your Drivers License so Indicate? Y N
Does your Power of Attorney for Personal Care so indicate? Y N

BANKING

Name/Branch of Financial Institution: _____
Contact Name: _____ Phone: _____
Location of Cheque Books, Statements, etc.: _____
Type (chequing, savings, internet)
Account Number: 1. _____ 3. _____
2. _____ 4. _____

Name/Branch of Financial Institution: _____
Contact Name: _____ Phone: _____
Location of Cheque Books, Statements, etc.: _____
Type (chequing, savings, internet)
Account Number: 1. _____ 3. _____
2. _____ 4. _____

Name/Branch of Financial Institution: _____
Contact Name: _____ Phone: _____
Location of Cheque Books, Statements, etc.: _____
Type (chequing, savings, internet)
Account Number: 1. _____ 3. _____
2. _____ 4. _____

Credit Card 1 Type/Issuer: _____
(e.g. Mastercard/Bank of Montreal)

Credit Card 2 Type/Issuer: _____
(e.g. Mastercard/Bank of Montreal)

Credit Card 3 Type/Issuer: _____
(e.g. Mastercard/Bank of Montreal)

SAFETY DEPOSIT BOXES

Institution Branch 1: _____
Box Number: _____ Key Location: _____

Institution Branch 2: _____
Box Number: _____ Key Location: _____

INVESTMENTS

(Stocks, Bonds, GICs, Mutual Funds, RRSPs, RRIFFs, etc.)

Investment 1 Name/Type: _____
Held By: _____ Plan/Certificate #: _____
Financial Advisor: _____ Telephone: _____

Investment 2 Name/Type: _____
Held By: _____ Plan/Certificate #: _____
Financial Advisor: _____ Telephone: _____

Investment 3 Name/Type: _____
Held By: _____ Plan/Certificate #: _____
Financial Advisor: _____ Telephone: _____

Investment 4 Name/Type: _____
Held By: _____ Plan/Certificate #: _____
Financial Advisor: _____ Telephone: _____

Investment 5 Name/Type: _____
Held By: _____ Plan/Certificate #: _____
Financial Advisor: _____ Telephone: _____

Investment 6 Name/Type: _____
Held By: _____ Plan/Certificate #: _____
Financial Advisor: _____ Telephone: _____

Location of those Investment Documents you personally retain:

INSURANCE PLANS

Canada Pension Plan (CPP)/Old Age Security (OAS)/Guaranteed Income Supplement (GIS)

The death of an OAS/ CPP pensioner/beneficiary should be reported as soon as possible. Have the person's Social Insurance Number (SIN) on hand when you call. Benefits are payable for the month in which the death occurs; benefits paid after that will have to be repaid.

Upon death, benefits available may include:

- i a *death benefit* (a one-time payment to, or on behalf of, the estate of a deceased Canada Pension Plan contributor);

- ii *a survivor's pension* (a monthly pension paid to the surviving spouse or common-law partner of a deceased contributor);
- iii *a children's benefit* (a monthly benefit for dependent children of a deceased contributor).

A qualifying survivor should apply as soon as possible after the contributor's death. If you delay, you may lose benefits. Survivor application kits are available from any Human Resources Canada Centre and many funeral homes.

Call 1.800.277.9914 to report a death or obtain the kit.

Health Insurance:

Retired Teachers of Ontario Health Plan #: _____
 Contact Johnson Inc. 416.920.7248 or 1.877.406.9007

Insurer: Contract Certificate #: _____
 Contact/Telephone: _____

Life: (remember any credit card or bank insurance often offered free as a basic amount e.g., \$1000)

Insurer: Contract Certificate #: _____
 Contact/Telephone: _____

Life:

Insurer: Contract Certificate #: _____
 Contact/Telephone: _____

Auto:

Insurer: Contract Certificate #: _____
 Contact/Telephone: _____

Accidental Death & Dismemberment:

Insurer: Contract Certificate #: _____
 Contact/Telephone: _____

ORGANIZATIONAL AFFILIATIONS

Retired Teachers of Ontario:
 300-18 Spadina Rd, Toronto M5R 2S7
 416.962.9463/1.800.361.9888
 Member Number: _____

REAL ESTATE
 (house, condo, life-lease, cottage)

Property 1 Type: _____ Purchase Date: _____
 Address/Location: _____
 Name/Address of Mortgagor: _____

Property 2 Type: _____ Purchase Date: _____
 Address/Location: _____
 Name/Address of Mortgagor: _____

Property 3 Type: _____ Purchase Date: _____
 Address/Location: _____
 Name/Address of Mortgagor: _____

Location of Real Estate Documents: _____

FAMILY/EMERGENCY CONTACT

CHILDREN

Name 1: _____
 Address/Telephone/Email: _____

Name 2: _____
 Address/Telephone/Email: _____

Name 3: _____
 Address/Telephone/Email: _____

RELATIVES

Name/Relationship 1: _____
 Address/Telephone/Email: _____

Name/Relationship 2: _____
 Address/Telephone/Email: _____

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 Prepared by the Newsletter Committee for RTO/ERO Toronto District 16 Members in celebration of the District's 35<sup>th</sup> Anniversary. Suggestions for additions/improvements are encouraged and welcome. Additional copies of this document (PDF) are available on the District 16 Website: [www.rtoerotorontodistricts.org](http://www.rtoerotorontodistricts.org) by following the Toronto District 16 Link. **Revised: 01062008**