

Key Contacts

When you die, your executor will need to notify a lot of people.

Some need to know immediately (your spouse, your children, your executor). Others can wait a few days or weeks (your employer, your accountant, your insurance company).

This section gives your executor a complete list so they don't have to guess who to call, or spend hours searching for phone numbers while they're grieving.

Let's break this into two groups: people who need to know right away, and people who need to know eventually.

Who to notify immediately:

Your immediate family. Spouse, children, parents, siblings. These are the people who should hear the news first, directly from your executor (or from each other).

Your executor. If your executor isn't also your spouse or child, they need to be contacted immediately so they can start handling your estate.

Your close friends. The people who would want to know, and who would be hurt if they found out too late.

Who to notify within days or weeks:

Your lawyer. The person who drafted your Will and any other legal documents.

Your accountant. They'll need to file your final tax return and handle any outstanding tax matters.

Your financial adviser. If you have one, they'll need to know so they can work with your executor to manage your investments, Retirement savings, and other financial matters.

Your employer. If you're still working, your employer needs to be notified so they can process final pay, employer benefit contributions, and any outstanding vacation pay and benefits.

Your retirement plan. Your executor will need to contact your RRSP/RRIF providers to process the transfer to your named beneficiaries, and apply for the CPP death benefit through Service Canada.

Service Canada (if applicable). If you receive any Service Canada payments (Old Age Security (OAS), Disability Support, Employment Insurance Caregiving Benefits), these need to be cancelled.

Your private health insurer (if applicable). So they can cancel your policy and process any final claims.

Your insurance providers. Life insurance, disability insurance, home and contents, car insurance - all of these need to be notified.

Your long-term care facility (if applicable). If you're living in long-term care, the facility needs to be informed.

Your religious or community leader (if applicable). Your priest, pastor, imam, rabbi, or community group leader - whoever would help organize your funeral or memorial service.

WHY THIS MATTERS

Your executor shouldn't have to play detective to find these people. And your family shouldn't have to guess who was important to you.

By writing it all down, you're giving them a roadmap. They'll know exactly who to call, when to call them, and how to reach them.

That's one less thing they'll need to figure out.

Your Key Contacts

A complete call-list so your executor never has to play detective.

PEOPLE TO NOTIFY IMMEDIATELY

SPOUSE/PARTNER

Name / Phone / Email / Notes rows

CHILDREN

Name / Phone / Email / Notes rows. (Use additional pages if you have more children)

CHILDREN

Name / Phone / Email / Notes rows

CHILDREN

Name / Phone / Email / Notes rows

CHILDREN

Name / Phone / Email / Notes rows

CHILDREN

Your Key Contacts (cont.)

Name / Phone / Email / Notes rows

PARENTS

Name / Phone / Email / Notes rows

PARENTS

Name / Phone / Email / Notes rows

SIBLING

Name / Phone / Email / Notes rows

SIBLING

Name / Phone / Email / Notes rows

SIBLING

Name / Phone / Email / Notes rows

SIBLING

Name / Phone / Email / Notes rows

Your Key Contacts (cont.)

EXECUTOR (IF DIFFERENT FROM SPOUSE/CHILDREN)

Name / Phone / Email / Notes rows (two entries)

CLOSE FRIENDS TO NOTIFY

Name / Phone / Email / Notes rows

CLOSE FRIENDS TO NOTIFY

Name / Phone / Email / Notes rows

CLOSE FRIENDS TO NOTIFY

Name / Phone / Email / Notes rows

CLOSE FRIENDS TO NOTIFY

Name / Phone / Email / Notes rows

PROFESSIONAL CONTACTS (TO NOTIFY WITHIN DAYS/WEEKS)

LAWYER

Name / Firm Name / Phone / Email / Notes rows

Your Key Contacts (cont.)

ACCOUNTANT

Name / Firm Name / Phone / Email / Notes rows

FINANCIAL ADVISER

Name / Firm Name / Phone / Email / Notes rows

EMPLOYER (IF CURRENTLY EMPLOYED)

Company Name / Contact Name / Phone / Email / Notes rows

REGISTERED RETIREMENT PLAN

Institution / Provider, Account Number, Phone, Notes rows

SERVICE CANADA

Tick one: Not applicable / I receive Service Canada payments (list which ones)

SUPPLEMENTARY HEALTH INSURANCE

Not applicable; then Insurer / Account Number / Phone / Notes rows

Your Key Contacts (cont.)

OTHER INSURANCE PROVIDERS:

LIFE INSURANCE

Not applicable; then Insurer / Policy Number / Contact / Notes rows

HOME & CONTENTS

Not applicable; then Insurer / Policy Number / Contact / Notes rows

CAR INSURANCE

Not applicable; then Insurer / Policy Number / Contact / Notes rows

CAR INSURANCE

Not applicable; then Insurer / Policy Number / Contact / Notes rows

LONG-TERM CARE FACILITY (IF APPLICABLE)

Not applicable; then Facility Name / Contact Person / Phone / Notes rows

RELIGIOUS/COMMUNITY LEADER (IF APPLICABLE)

Not applicable; then Name / Organization / Phone / Notes rows

Your Key Contacts (cont.)

NOTES (ANYONE ELSE WHO SHOULD BE NOTIFIED)