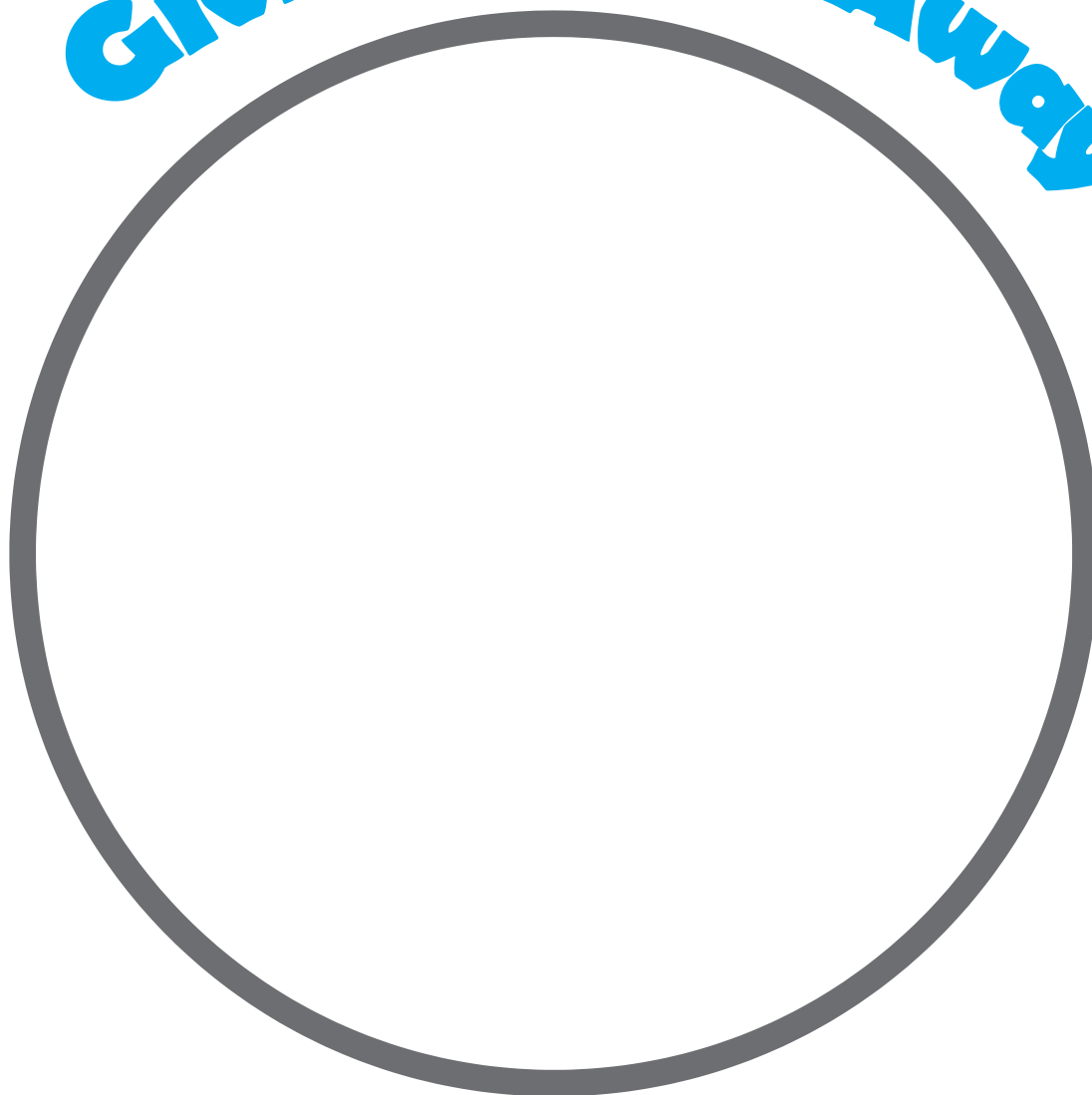




# Giving it All Away



## WHO DO YOU WANT TO RECEIVE YOUR ASSETS WHEN YOU DIE?

We are never more generous than when we die. At that moment all of our possessions are given away. What's best about this is that, if you have a Will, you get to choose who gets them! Take a few minutes and think about what is most important to you and then fill in the pie chart above according to how you would like your assets and wealth to be distributed. You have five basic choices: family (spouse, children, etc.), church, charity, friends or government (health, education, etc.). Don't worry about what you actually have in the way of assets....your allocation just needs to add up to 100 per cent. When you are done, ask yourself whether the picture you have made reflects your current estate plan. Do you need to make changes?



# Planning For The Future

Planning your expenses and income is an important thing to do whether in the retirement phase of your life or in the high earning years. Here is a helpful sheet to help you do that.

## Monthly Expenses

|                               |          |
|-------------------------------|----------|
| Mortgage/Rental               | \$ _____ |
| Insurance                     | \$ _____ |
| Utilities                     | \$ _____ |
| Income Taxes                  | \$ _____ |
| Property Taxes                | \$ _____ |
| House expenses and repairs    | \$ _____ |
| Auto expenses                 | \$ _____ |
| Clothing and personal care    | \$ _____ |
| Education                     | \$ _____ |
| Pledge and charitable gifts   | \$ _____ |
| Birthdays/holidays/allowances | \$ _____ |
| Medical and Dental            | \$ _____ |
| Vacation and Recreation       | \$ _____ |
| Other                         | \$ _____ |
|                               | \$ _____ |
| <b>Total</b>                  | \$ _____ |

## Projected Income

### Continues to Spouse

|                             | Yes      | No    | Half  |
|-----------------------------|----------|-------|-------|
| Salary/Wages                | \$ _____ | _____ | _____ |
| Canada Pension Plan         | \$ _____ | _____ | _____ |
| Old Age Security            | \$ _____ | _____ | _____ |
| Employee Pension Fund       | \$ _____ | _____ | _____ |
| Trust Income                | \$ _____ | _____ | _____ |
| Dividends                   | \$ _____ | _____ | _____ |
| Interest (bonds, GICs etc.) | \$ _____ | _____ | _____ |
| Gift Annuities              | \$ _____ | _____ | _____ |
| Mortgages                   | \$ _____ | _____ | _____ |
| Property Rentals            | \$ _____ | _____ | _____ |
| Other (describe below)      | \$ _____ | _____ | _____ |
| _____                       | \$ _____ | _____ | _____ |
| _____                       | \$ _____ | _____ | _____ |
| <b>Totals</b>               | \$ _____ | _____ | _____ |



# A Letter Regarding My Final Arrangements

To Whoever Takes the Responsibility for My Final Arrangements

In calm recognition of the inevitable, I have given thought to my personal wishes concerning my final arrangements. I feel that the effort I have made to pull information together and state my wishes will minimize the emotional strain on my survivors. I do not wish them to be burdened by the great pressures of having to make immediate decisions on matters that inescapably must be made then if I do not make them now. Difficult though it may be for me to set this down, I feel that my loved ones would find it more difficult to make the decisions with no indication of my specific wishes.

Though these wishes may not be legally binding, I trust that they will help my survivors avoid confusion, extra expense, or at the least any self-reproach that might arise because of doubts, omissions, or commissions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your city/province/postal code: \_\_\_\_\_



## The Funeral Liturgy

Remembering all those wretched funerals I have attended and also the truly beautiful and inspiring ones, I make the following plans. I wish my service to reflect my life, faith, and love.

*“The origins of funeral practices, whether burial or other forms of reverent disposal of the bodies of those who have died, are lost in the furthest mists of human history.”*

*“Funeral practices are unlike some of the other rites and ceremonies of the Church precisely because of their universal nature.”*

*“It is entirely fitting that Christian funerals reflect these various dimensions of the experience of death.”*

*“It is important to note that funerals are the property of neither undertakers nor clergy. They belong to the circle of family and friends of the person who has died and, when that circle is Christian, they find an appropriate setting in the larger Christian fellowship.”*

*“The family and friends of the dead person are encouraged to consult as early as possible with the priest or other person responsible in their parish, as well as with the undertaker who may be involved, to plan the various events which will constitute the funeral.”*

*The Book of Alternative Services, Anglican Church of Canada. Pages 565-569*

(When possible, it is suggested that you fill out the following in consultation with your clergy, providing a copy of these instructions for the church.)

### FUNERAL LOCATION

Circumstances permitting, I wish my Burial Service to take place at:

\_\_\_\_\_ Church

Address \_\_\_\_\_ City/Postal Code \_\_\_\_\_

I would like the following clergy person to assist my parish priest/deacon with my funeral:

\_\_\_\_\_ (it's the parish priest's prerogative to have the choice of inviting any other clergy to take part).

I wish my funeral to be  Eucharistic  non-Eucharistic

I would like there to be a service of committal at the gravesite/cemetery/memorial garden.

I would like there to be a wake/reception as part of my funeral.

### FUNERAL SERVICE

I would like the following people to take part in my funeral:

Pallbearers (if the casket is present)

Greeters, ushers, sidespeople

Readers



- Leaders of the prayers
- Eucharistic administrators
- People to give a eulogy

I have chosen the following readings, scriptural and non-scriptural. *The Book of Alternative Services, pages 604-605 has a list of suggested funeral liturgy Bible readings.*

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I have chosen the following hymns (*there are helpful suggestions in the subject index at the back of the Common Praise hymn book*). I would like this music to be played at a suitable point in the service. My preference is for \_\_\_\_\_ to be the musician/s, in consultation with my congregation's director of music. (It's the church musician's prerogative to have first refusal).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## MEMORIALS

(Policy regarding acceptance of flowers within church buildings may vary. Instead of sending flowers, many prefer to make a more lasting memorial. Most parishes have both a general memorial fund and a building fund, as do many other charities. Memorial gifts may also be made to the Diocese of New Westminster or to the specialized programs and ministries of the Diocese of New Westminster.)

I would like my family to provide the following flowers for the service:

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## BURIAL INFORMATION

I prefer to be: 1.  Buried  Ground  Crypt or  Cremated 2.  Before or  after the funeral. I have prepared a pre-arranged funeral plan with the following funeral director:

---

I have discussed my funeral plan with my parish clergy, and the church has a copy of my plan on file:

Clergy: \_\_\_\_\_ Church \_\_\_\_\_ Date: \_\_\_\_\_

Disposal of Ashes: (name a favourite place where you may wish your ashes spread.)

---





# Information For My Family and Friends

Final Directions and instructions upon the death of:

Date Prepared: \_\_\_\_\_

*(File this information where it will be found easily upon your death. It is suggested that you also file this with your local church or your lawyer, and notify your heirs that the form has been completed for their information.)*

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

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

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptism Date / Place: \_\_\_\_\_

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

Spouse's Address: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ Spouse's Place of Birth: \_\_\_\_\_

Spouse's Baptism Date & Location: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Name and Address of Parish Church: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living?  Yes  No

Mother's Full Name: \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living?  Yes  No

Names, addresses, and phone numbers of living brothers and sisters:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Names, addresses, and phone numbers of living children:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Dependents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



(It is also recommended that you keep an up-to-date address and telephone book. This can be a big help in notifying others in times of emergency.)

Location of Book(s) \_\_\_\_\_

Name(s), address(es), and telephone number(s) of other persons to notify upon my death:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following nearby person (s) has agreed to care temporarily for my:

Family: \_\_\_\_\_ Phone: \_\_\_\_\_

Pets: \_\_\_\_\_ Phone: \_\_\_\_\_

My Occupation: \_\_\_\_\_

Employer (Name & Address): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ BC Health Card Number: \_\_\_\_\_

Canadian Forces Service?:  Yes  No Entitled to Veteran's Benefits:  Yes  No

Service Branch Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Representative's name(s) and address(es) and telephone number(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Last Will Executed on: \_\_\_\_\_

Will is located at: \_\_\_\_\_

Executor/Executrix's name(s), address(es), and telephone number(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Enduring Power of Attorney holder's name(s), address(es), and telephone number(s) :

1. \_\_\_\_\_





2. \_\_\_\_\_

**BANK ACCOUNTS//Savings Institution Accounts/Other Income-Producing Accounts:**

|    | <i>Name of Institution</i> | <i>Type</i> | <i>Account Number</i> |
|----|----------------------------|-------------|-----------------------|
| 1. | _____                      | _____       | _____                 |
| 2. | _____                      | _____       | _____                 |
| 3. | _____                      | _____       | _____                 |
| 4. | _____                      | _____       | _____                 |

**JOINT ACCOUNTS:**

|    | <i>Name of Institution</i> | <i>Type</i> | <i>Account Number</i> |
|----|----------------------------|-------------|-----------------------|
| 1. | _____                      | _____       | _____                 |
| 2. | _____                      | _____       | _____                 |

Safety Deposit Box Number & Location: \_\_\_\_\_

Location of Safety Deposit Box Key: \_\_\_\_\_

Other Key Holders?: \_\_\_\_\_

**PROPERTY:**

|    | Description & Location | (Original Cost) | Market Value | Mortgage |
|----|------------------------|-----------------|--------------|----------|
| 1. | _____                  | _____           | _____        | _____    |
| 2. | _____                  | _____           | _____        | _____    |
| 3. | _____                  | _____           | _____        | _____    |

**NOTES & MORTGAGES:**

|    | Description | Name of Debtor | Amount | Interest Rate | Rate of Payment |
|----|-------------|----------------|--------|---------------|-----------------|
| 1. | _____       | _____          | _____  | _____         | _____           |
| 2. | _____       | _____          | _____  | _____         | _____           |
| 3. | _____       | _____          | _____  | _____         | _____           |
| 4. | _____       | _____          | _____  | _____         | _____           |

**OTHER FINANCIAL OR REAL ESTATE ASSETS:**

|    | Description & Location | (Original Cost) | Market Value | Mortgage |
|----|------------------------|-----------------|--------------|----------|
| 1. | _____                  | _____           | _____        | _____    |
| 2. | _____                  | _____           | _____        | _____    |
| 3. | _____                  | _____           | _____        | _____    |



**KEY ADVISORS (Names/Address or Phone)**

Priest/Pastor: \_\_\_\_\_

Lawyer: \_\_\_\_\_

Accountant: \_\_\_\_\_

Investment Counselor: \_\_\_\_\_

Estate/Financial Planner: \_\_\_\_\_

Trust Company/Officer: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

**LIFE INSURANCE:**

|    | <i>Company</i> | <i>Amount</i> | <i>Certificate#</i> | <i>Beneficiary</i> |
|----|----------------|---------------|---------------------|--------------------|
| 1. | _____          | _____         | _____               | _____              |
| 2. | _____          | _____         | _____               | _____              |
| 3. | _____          | _____         | _____               | _____              |
| 4. | _____          | _____         | _____               | _____              |
| 5. | _____          | _____         | _____               | _____              |

**RSPS, RRIFs, PENSIONS:**

|    | <i>Company</i> | <i>Account Number</i> | <i>Beneficiary</i> |
|----|----------------|-----------------------|--------------------|
| 1. | _____          | _____                 | _____              |
| 2. | _____          | _____                 | _____              |
| 3. | _____          | _____                 | _____              |
| 4. | _____          | _____                 | _____              |

**LEASES:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**CREDIT AND CHARGE ACCOUNTS:**

| <i>Company</i> | <i>Account Number</i> |
|----------------|-----------------------|
| _____          | _____                 |
| _____          | _____                 |
| _____          | _____                 |
| _____          | _____                 |
| _____          | _____                 |









# LITURGICAL RESOURCES

## From the Book of Alternative Services

|  |     |   |     |
|--|-----|---|-----|
| <i>Anniversary of a Baptism</i> .....      | 695 | <i>A Prayer for Grace and Faith</i> ..... | 131 |
| <i>Anniversary of a Marriage</i> .....     | 696 | <i>A Prayer for Guidance</i> .....        | 131 |
| <i>For Celebration of a Birthday</i> ..... | 696 | <i>A Prayer for Peace</i> .....           | 130 |
| <i>For Reconciliation in a Home</i> .....  | 697 | <i>For the Aged</i> .....                 | 682 |
| <i>For the Poor and Neglected</i> .....    | 681 | <i>A Prayer of Christian Life</i> .....   | 682 |

## Planned Giving Resources

### You Can't Take it With you: The Common Sense Guide to Estate Planning for Canadians

by Sandra E. Foster, 4th Edition, John Wiley & Sons, 2002, ISBN: 0-470-83156-1

### Estate Planning Workbook, A Companion to "You Can't Take it With You"

by Sandra E. Foster, John Wiley & Sons, 2002, ISBN: 0-470-83177-4

### The Canadian Guide to Will & Estate Planning, 3rd Edition

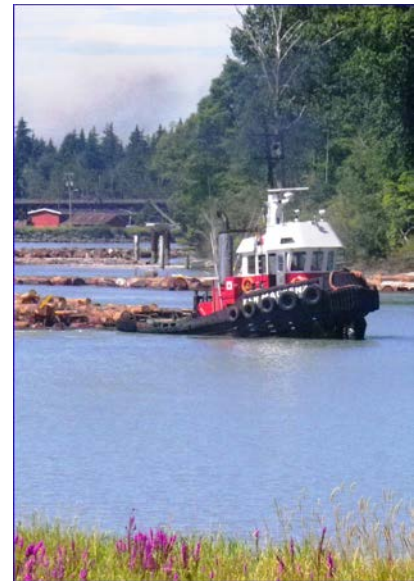
by Douglas Gray & John Budd, McGraw-Hill Ryerson, 2010, ISBN: 0071753745

## BROCHURES & PUBLICATIONS

- Wills & Bequests Brochure
- Life Insurance Gifts
- Annuities, Trusts, Securities Brochure
- Legacy Fund Endowment Brochure (Donor-Advised Funds)
- Legacy Planner

## GIFT PLANNING OFFICE

Director of Stewardship & Gift Planning  
Diocese of New Westminster  
1410 Nanton Avenue, Vancouver, BC V6H 2E2  
Phone: (604) 684-6306 Ext. 218; Facsimile: (604) 684-7017  
Email: [gmitchell@vancouver.anglican.ca](mailto:gmitchell@vancouver.anglican.ca)



## ONLINE RESOURCES

- Nidus Personal Planning Resource Centre and Registry: [www.nidus.ca](http://www.nidus.ca)
- BC Seniors Online Website: [www.seniorsbc.ca](http://www.seniorsbc.ca)
- BC Seniors Guide: [www.gov.bc.ca/seniorsguide](http://www.gov.bc.ca/seniorsguide)
- Advance Care Planning Guide: [www.gov.bc.ca/advancecare](http://www.gov.bc.ca/advancecare)
- Public Legal Education Society: [www.publiclegaled.bc.ca](http://www.publiclegaled.bc.ca)
- Electronic Law Library: [www.clicklaw.bc.ca](http://www.clicklaw.bc.ca)
- Public Guardian & Trustee: [www.trustee.bc.ca](http://www.trustee.bc.ca)
- BC Transplant Society: [www.transplant.bc.ca](http://www.transplant.bc.ca)
- Seniors Health Care Support Line: 1-877-952-3181

