



# DEAD SERIOUS ABOUT ESTATE PLANNING

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**A practical estate organizer for  
CAF members and their families**



FINANCIÈRE  
**SISIP**  
FINANCIAL

## Welcome

Estate planning isn't just for later in life, and it's not only for those with significant wealth. It's about making sure the people you love can find what they need, make confident decisions, and carry out your wishes if something happens to you.

This guide is designed for CAF members and veterans and their spouses or partners to complete together. It covers the essentials: your legal documents, benefits, accounts, property, and more.

Whether you're in excellent health or managing a serious illness, completing this organizer is one of the most caring things you can do for your family. It removes uncertainty and provides a single, trusted place to find your most important details.

## How to use this guide

- Fill it out in pencil or as a digital file so it's easy to update later.
- Keep it in a secure location (ideally with your will and other important documents).
- Let your executor and spouse or partner know where it's stored.
- Review and update it at least once a year, or after any major life event.

If you're not sure how to answer something, leave it blank for now and ask your SISIP advisor or another professional.



**This guide is a resource, not a replacement for professional legal or financial advice.**

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**A gentle reminder:**

Organizing these details isn't just paperwork — it's an act of love. You're making it easier for the people you care about most.

## Dear Executor

If you're reading this after the death of the person who completed it, first, take a breath. This is a difficult time, and you aren't expected to do everything at once.

Your role is to carry out the wishes in the will, protect the estate's assets, and follow the legal requirements in your province or territory. This organizer should help you find the information you need.

### Your first steps:



Locate the original will and read it carefully.



Secure property and valuables to prevent loss or damage.



Request multiple copies of the death certificate from the province/territory or military authorities.



Notify key people and institutions — including the CAF, Veterans Affairs Canada, SISIP, banks, insurance companies, utility providers, Service Canada, and the CRA.



Open an estate bank account to handle all income and expenses related to the estate.



Keep detailed records of every transaction you make on behalf of the estate. This can be as simple as a notebook with descriptions of costs and activities.



Seek professional advice (legal, tax, financial) before making major decisions or distributions.

### Military-specific reminders:

Contact Veterans Affairs Canada as soon as possible to explore available support, such as Death Benefit, Survivor's Pension, Income Replacement Benefit, and funeral/burial assistance through the Last Post Fund.

Review any possible pension benefits under the Canadian Forces Superannuation Act (CFSA), including Survivor's Pension, Child Pension, or Supplementary Death Benefit for the estate or dependents.

If you're unsure about anything, speak with the estate lawyer named in the will or a SISIP advisor. We are here to support you.

SECTION

01

# YOUR KEY INFORMATION

Full Legal name

Rank / unit

Date of birth

Current address

Primary phone

Email

CAF service number

Required for benefits, military records, and identification within the CAF, VAC, and SISIP systems.

Military ID / COne Card / VAC Card

Required to access military or veteran-specific benefits.

Social Insurance Number

Needed for benefit claims and government paperwork.

Health Card Number

Used for provincial benefits, funeral arrangements, and access to care.

Medical wishes

List details about Do Not Resuscitate (DNR) and organ donor status, and any Power of Attorney for healthcare. This information may be detailed in a Power of Attorney form for health care, which takes precedence over this document.

## Emergency Contacts

List at least two people who can be reached quickly in an emergency.



Name

Relationship

Phone

Email

Name

Relationship

Phone

Email

## Dependents

List children or other dependents and note any medical conditions, dietary restrictions, or other special considerations for their care.



### DEPENDENT 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Special considerations \_\_\_\_\_

### DEPENDENT 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Special considerations \_\_\_\_\_

### DEPENDENT 3

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Special considerations \_\_\_\_\_

### DEPENDENT 4

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Special considerations \_\_\_\_\_

## Location of Important Documents

Check all that apply and specify location (i.e., "fireproof safe," "lawyer's office," etc.)

Will

Powers of attorney

Marriage certificate

Military service records

Birth certificates

Insurance policies

\_\_\_\_\_  
Lawyer's Office



### Helpful tip

Store this document somewhere safe, but not locked away where no one can find it. A fireproof box or shared digital folder (with your permission) works well.

SECTION

02

# LEGAL AND ESTATE BASICS

## Will



Names your executor and outlines how your estate should be distributed.

_____	_____
Date of last will	Location of original will
_____	_____
Lawyer's name and contact	Executor's name
_____	_____
Executor's phone/email	Executor's address
_____	_____
Alternate executor's name and contact	

## Powers of Attorney (POA)

**POA for Property**  
Gives someone legal authority to manage your finances if you're unable.

Yes  No

\_\_\_\_\_

Appointee

\_\_\_\_\_

Location of document

**POA for Personal Care**  
Lets someone make health and personal care decisions for you if needed.

Yes  No

\_\_\_\_\_

Appointee

\_\_\_\_\_

Location of document

## Guardianship of Dependents

_____	_____
Named guardian(s)	Address
_____	_____
Phone	Email
_____	_____
Notes	

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Alternate guardian(s)

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Address

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Phone

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Email

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Notes

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**For international families**

If your executor, attorney, or guardian is posted far away or lives outside Canada, talk to your lawyer about the practicalities and any extra legal steps required.

SECTION

03

## CAF AND VETERANS BENEFITS



If you've served in the CAF, your service may entitle your family to a range of benefits through both **Veterans Affairs Canada (VAC)** and the **CAF pension system**. Some benefits are automatic. Others require active claims after your passing.

## CAF and Veterans Benefits



- » Survivor Pension and Child Pension (*Canadian Forces Superannuation Act*)
- » Supplementary Death Benefit
- » Income Replacement Benefit (IRB)
- » VAC Disability Pension or Pain and Suffering Compensation
- » VAC Death Benefit (for service-related deaths)
- » VAC Funeral and Burial Program (via the Last Post Fund)

## Additional VAC Supports



- » Bereavement counselling
- » Transition services for survivors
- » Case management for spouses and dependents
- » Access to health care benefits

Contact **Veterans Affairs Canada** and the **Canadian Armed Forces pension centre** as soon as possible to initiate claims and explore available supports:

1-866-522-2122 | [www.veterans.gc.ca](http://www.veterans.gc.ca)

## What I'm Eligible For

Check any that apply and note details:

- Supplementary Death Benefit (contact the CAF pay office)
- Canadian Forces Superannuation Act* (Survivor Pension, Child Pension)
- Income Replacement Benefit (contact Veterans Affairs Canada)
- Veterans Affairs Canada Disability Pension
- Last Post Fund (burial assistance)
- CRA Death Benefit (contact Service Canada and the CRA)
- Other

## Pension # or CFSA Reference

VAC file number

Base/Wing Release Office Contact (if known)

\_\_\_\_\_ Name

\_\_\_\_\_ Phone/Email

## SISIP Coverage

In addition to VAC and pension entitlements, you may hold personal or optional group coverage or insurance for released members through SISIP. Note that Long-Term Disability insurance for CAF members is administered by Manulife, but you can still contact SISIP for details.

Use this space to note key details so your advisor or family can access it quickly:

\_\_\_\_\_ SISIP policy number

\_\_\_\_\_ Manulife LTD policy number

\_\_\_\_\_ Advisor or SISIP office contact

\_\_\_\_\_ Advisor or SISIP office contact



### Did you know?

Some benefits are paid only if claims are filed within a specific time frame. Keep this file accessible and make sure someone you trust knows where it is.

SECTION

04

# FINANCIAL ACCOUNTS AND INSURANCE

## Banking and Credit

List your chequing, savings, credit cards, and other accounts. Include branch names and the name(s) of any joint owner(s).



\_\_\_\_\_

Type of account

\_\_\_\_\_

Institution

\_\_\_\_\_

Account number

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of records

\_\_\_\_\_

Type of account

\_\_\_\_\_

Institution

\_\_\_\_\_

Account number

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of Records

\_\_\_\_\_

Type of account

\_\_\_\_\_

Institution

\_\_\_\_\_

Account number

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of records

## Investments

List all accounts, including RRSPs, TFSAs, RESPs, trading accounts, non-registered accounts, pensions, or crypto.



\_\_\_\_\_

Type of account

\_\_\_\_\_

Institution

\_\_\_\_\_

Account number

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of records

\_\_\_\_\_

Type of account

\_\_\_\_\_

Institution

\_\_\_\_\_

Account number

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of records

\_\_\_\_\_

Type of account

\_\_\_\_\_

Institution

\_\_\_\_\_

Account number

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of records

## Insurance

Include SISIP policies, personal life insurance, and group coverage.



\_\_\_\_\_

Type of policy

\_\_\_\_\_

Policy number

\_\_\_\_\_

Provider

\_\_\_\_\_

Beneficiary

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of policy

\_\_\_\_\_

Type of policy

\_\_\_\_\_

Policy number

\_\_\_\_\_

Provider

\_\_\_\_\_

Beneficiary

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of policy

\_\_\_\_\_

Type of policy

\_\_\_\_\_

Policy number

\_\_\_\_\_

Provider

\_\_\_\_\_

Beneficiary

\_\_\_\_\_

Advisor (if any)

\_\_\_\_\_

Location of policy

SECTION

05

# REAL ESTATE AND PROPERTY



## Primary Residence (if owned)

_____ Address	Type of ownership <input type="checkbox"/> Sole <input type="checkbox"/> Joint with right of survivorship <input type="checkbox"/> Tenant in common
_____ Co-owner	_____ Mortgage holder
_____ Location of documents or deeds	_____ Insurance company
_____ Insurance policy number	_____ Water heater or other equipment rental
_____ Property tax number	_____
_____ Other notes	_____



## Primary Residence (if rented)

_____ Address	_____ Landlord name and contact
_____ Insurance policy number	_____ Insurance company
_____ Other notes	_____

## Utilities and Services



\_\_\_\_\_

Gas supplier and account number

\_\_\_\_\_

Hydro supplier and account number:

\_\_\_\_\_

Water supplier and account number

\_\_\_\_\_

Telephone provider and account number

\_\_\_\_\_

Cellphone provider and account number

\_\_\_\_\_

Internet provider and account number

\_\_\_\_\_

Other service providers

## Other Property

(i.e., cottage, rental, overseas)



\_\_\_\_\_

Address

Type of Ownership

- Sole
- Joint with right of survivorship
- Tenant in common

\_\_\_\_\_

Mortgage holder

\_\_\_\_\_

Rental tenants (if any)

\_\_\_\_\_

Property tax number

\_\_\_\_\_

Location of documents or deeds

\_\_\_\_\_

Address

Type of Ownership

- Sole
- Joint with right of survivorship
- Tenant in common

\_\_\_\_\_

Mortgage holder

\_\_\_\_\_

Rental tenants (if any)

\_\_\_\_\_

Property tax number

\_\_\_\_\_

Location of documents or deeds



## Vehicles and Recreational Equipment

\_\_\_\_\_  
Type of vehicle

\_\_\_\_\_  
Lease or loan institution

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Insurance policy number

\_\_\_\_\_  
Location of ownership and registration papers

\_\_\_\_\_  
Type of vehicle

\_\_\_\_\_  
Lease or loan institution

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Insurance policy number

\_\_\_\_\_  
Location of ownership and registration papers

\_\_\_\_\_  
Type of vehicle

\_\_\_\_\_  
Lease or loan institution

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Insurance policy number

\_\_\_\_\_  
Location of ownership and registration papers



## Collections, and Valuables

Safety deposit box location and access

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List of valuables to be appraised or gifted (include recipient names contact details, instructions)

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Pets (include name, vet, instructions)

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Additional items or instructions

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### Everything counts

Even if you don't think something has financial value, it might have emotional significance. Leave notes or instructions if you want certain items passed on to specific people.

SECTION

06

# DIGITAL ASSETS



Digital assets include logins to key accounts, email, cloud storage, and social media. You may also want to store these securely with a password manager or encrypted drive so that your executor can access your accounts.



## Device Access

\_\_\_\_\_

Password manager name and master password location

\_\_\_\_\_

Device unlock code (phone/computer) location



## Email and Cloud Storage

\_\_\_\_\_

Provider

\_\_\_\_\_

Email address

\_\_\_\_\_

Location of password

\_\_\_\_\_

Notes

\_\_\_\_\_

Provider

\_\_\_\_\_

Email address

\_\_\_\_\_

Location of password

\_\_\_\_\_

Notes



## Social Media

\_\_\_\_\_

Platform

\_\_\_\_\_

Username

\_\_\_\_\_

Location of password

\_\_\_\_\_

Instructions (i.e., memorialize/delete)

\_\_\_\_\_

Platform

\_\_\_\_\_

Username

\_\_\_\_\_

Location of password

\_\_\_\_\_

Instructions (i.e., memorialize/delete)

Platform

Username

Location of password

Instructions (i.e., memorialize/delete)

Platform

Username

Location of password

Instructions (i.e., memorialize/delete)

## Online Banking/Finance



Institution

Account type

Username

Location of password

Instructions

## Other Digital Assets

(i.e., crypto wallets, family photos, websites)



\_\_\_\_\_

Type of asset

\_\_\_\_\_

Institution

\_\_\_\_\_

Username

\_\_\_\_\_

Location of password

\_\_\_\_\_

Instructions

\_\_\_\_\_

Type of asset

\_\_\_\_\_

Institution

\_\_\_\_\_

Username

\_\_\_\_\_

Location of password

\_\_\_\_\_

Instructions

\_\_\_\_\_

Type of asset

\_\_\_\_\_

Institution

\_\_\_\_\_

Username

\_\_\_\_\_

Location of password

\_\_\_\_\_

Instructions

\_\_\_\_\_

Type of asset

\_\_\_\_\_

Institution

\_\_\_\_\_

Username

\_\_\_\_\_

Location of password

\_\_\_\_\_

Instructions



### Be aware

Two-factor authentication can block access after death. Make sure a trusted person has all of the passwords needed to access your phone, email, or password manager.

SECTION

07

# MILITARY-SPECIFIC CONSIDERATIONS



## Uniform, Medals, and Service Awards

Would you like these passed on, preserved, or displayed in a specific way?

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Instructions

## Remembrance and Honours

Are there any specific requests related to military funerals, Last Post, flags, Legion involvement, or commemorations?

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Requests

## Veteran Support Services

**If the deceased was receiving VAC benefits, the surviving spouse or family may be eligible for continued support. You can do the following:**

- » Contact VAC directly for help with survivor benefits or transition services
- » Request a VAC Case Manager to assist with paperwork, grief support, or navigating available programs

## CAF Contacts to Notify

**Include key units, associations, or commanding officers who should be informed. For serving members, the family may also request support from a Designated Assistant (DA) through the CAF. This person provides practical and emotional support during the notification and administrative process.**

SECTION

08

# CONTACTS AND ADVISORS

## Key Contacts

\_\_\_\_\_  
Lawyer

\_\_\_\_\_  
SISIP branch and contact

\_\_\_\_\_  
Bank branch and contact

\_\_\_\_\_  
Executor

\_\_\_\_\_  
Financial advisor

\_\_\_\_\_  
Accountant

\_\_\_\_\_  
Primary care doctor (or family physician)

\_\_\_\_\_  
Insurance representative (if any, beyond SISIP)

\_\_\_\_\_  
Employer / Pension administrator (if applicable)

\_\_\_\_\_  
Funeral home or pre-arranged funeral contact (if applicable)

\_\_\_\_\_  
Power of attorney (if not listed already)

\_\_\_\_\_  
Trusted family or friend for support



SECTION

09

# CHECKLIST AND OTHER NOTES

## Checklist

- I've completed or updated my will.
- I've named an executor and discussed my wishes.
- I've updated my Power of Attorney for Property.
- I've updated my Power of Attorney for Personal Care.
- I've recorded my CAF pension and benefits information.
- I've reviewed Veterans Affairs survivor and burial benefits.
- I've reviewed my insurance coverage amount and beneficiaries.
- I've named guardians for any dependents under 18.
- I've told someone where this document is stored.
- I've reviewed or updated this document in the past 12 months.

## Other Notes for My Family

Use this space to share any personal wishes, messages, or practical advice for your spouse, children, or executor.

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## What to Do Next

Thank you for taking the time to complete this organizer. You've done more than just record information — you've given your loved ones a gift of clarity, direction, and peace of mind.

In the days ahead, consider sharing this document with your spouse, partner, or executor. And if you have questions or need help updating your insurance, benefits, or financial plan, a SISIP advisor is always here to help.

Because peace of mind isn't just something you leave behind — it's something you can feel now, knowing you've taken care of the people you love.

## Questions?

**Speak to a SISIP advisor**

1-800-267-6681

[sisip.com/contact](https://sisip.com/contact)