

# My Little Red Record Book

Property of:

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*Retired from the job,  
not the fight!*



**unifor**

Retired**Workers** | Membres**retraités**



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Retired**Workers** | Membres**retraités**

## **Unifor Retired Workers Department**

For more information visit our website:

**[unifor.org/retirees](https://unifor.org/retirees)**

Contact us:

**1-800-268-9040 ext. 240**

**[retirees@unifor.org](mailto:retirees@unifor.org)**

This “Little Red Record Book” is designed to help you keep track of your personal records and organize essential information in the event of an emergency. Store this booklet in a secure place and make sure to notify a trusted person of its location.

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# Personal Information

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

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

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

Home Phone Number: (         ) \_\_\_\_\_

Cell Phone Number: (         ) \_\_\_\_\_

Place of Birth (City Province/State Country):

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Passport Number: \_\_\_\_\_

Driver Licence Number and Expiry Date:

\_\_\_\_\_

Government Health Card Number and Expiry Date (if applicable):

\_\_\_\_\_

## Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Online Accounts** (e.g. Email accounts, Facebook, Twitter, Instagram, webpages)

Account	User Name	Password
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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# Relationship Status

- Married                       Common-law                       Single  
 Divorced                       Separated                       Widowed

Partner's Name: \_\_\_\_\_

## ***If Married:***

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Marriage Contract:  Yes  No

Location of Contract: \_\_\_\_\_

## **Partner Information:**

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

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

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

Home Phone Number: (            ) \_\_\_\_\_

Cell Phone Number: (            ) \_\_\_\_\_

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

Place of Birth (City Province/State Country):

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Health Card Number: \_\_\_\_\_



# Emergency Contact (family member or friend)

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

Relationship: \_\_\_\_\_

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

Home Phone Number: (         ) \_\_\_\_\_

Cell Phone Number: (         ) \_\_\_\_\_

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

## Next of Kin

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

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

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

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

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

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

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

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

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

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

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

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

## Employment History

Present (or Former) Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Date of Retirement (if applicable): \_\_\_\_\_

Pension Benefits:  Yes  No

Member of a Labour Union:  Yes  No

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

## Health Information

### **Doctor Contacts:**

#### Family Physician

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

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

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

#### Other Physicians

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

Specialty: \_\_\_\_\_

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

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

Specialty: \_\_\_\_\_

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

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

Specialty: \_\_\_\_\_

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

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

Specialty: \_\_\_\_\_

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

**Dentist**

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

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

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

**Pharmacy:**

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

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

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

**Medication Chart:**

Medication Name	Prescribed by	Start Date	Stop Date

Cross out each medicine when finished or discontinued.

***Additional medication chart provided at back.***

# Financial Information

**Bank, Trust Company, Credit Union, Caisse Populaire Accounts:**

Financial Institution: \_\_\_\_\_

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

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

Financial Institution: \_\_\_\_\_

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

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

Financial Institution: \_\_\_\_\_

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

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

**Line of Credit:**

\_\_\_\_\_

**Safety Deposit Box Institution & Box Number:**

\_\_\_\_\_

Key Number/Key Location: \_\_\_\_\_

Access designated for: \_\_\_\_\_

**Income Sources:**

Canada Pension Plan:  Yes  No

Old Age Security/GIS:  Yes  No

Other Pension or Annuity Income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Investments:**

Type	Location and Details
<b>RRSP/RIF</b>	
<b>Stocks</b>	
<b>Bonds</b>	
<b>Guaranteed (GIC, Term Deposits)</b>	

**Credit Cards:**

Type of Card/Card Number: \_\_\_\_\_

Type of Card/Card Number: \_\_\_\_\_

Type of Card/Card Number: \_\_\_\_\_

Type of Card/Card Number: \_\_\_\_\_

**Mortgage Information:**

Institution: \_\_\_\_\_

Mortgage Number: \_\_\_\_\_

**Other Assets**

**Automobile(s):**

1. Make Year: \_\_\_\_\_

Lease/Own: \_\_\_\_\_

2. Make Year: \_\_\_\_\_

Lease/Own: \_\_\_\_\_

3. 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Insurance Information

## **Medical/Healthcare:**

Government Health Card Number: \_\_\_\_\_

Other Medical Insurance (Name/Policy Number):

\_\_\_\_\_

## **Life Insurance:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Automobile Insurance:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: (        ) \_\_\_\_\_

## **Property Insurance:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: (        ) \_\_\_\_\_

**Copies of Important Documents (will, last income tax return, mortgage papers etc.) are located:**

\_\_\_\_\_

## **Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Estate Planning Information

**Solicitor** - Name, Address and Phone #:

---

---

**Financial Advisor** - Name, Address and Phone #:

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**Executor #1** - Name, Address and Phone #: \_\_\_\_\_

---

---

**Executor #2** - Name, Address and Phone #:

---

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## ***Last Will and Testament:***

Do you have a will?  Yes  No

Does your partner have a will?  Yes  No

Date of Will: \_\_\_\_\_

Name and phone number of professional who drafted your will (if any):

---

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

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



**Estate Settlement Information:**

**Accountant** Name and Phone #: \_\_\_\_\_  
\_\_\_\_\_

**Banker/Financial Representative** Name and Phone #: \_\_\_\_\_  
\_\_\_\_\_

**Broker** Name and Phone #: \_\_\_\_\_  
\_\_\_\_\_

**Physician** Name and Phone #: \_\_\_\_\_  
\_\_\_\_\_

**Funeral Home/Agency:** \_\_\_\_\_  
\_\_\_\_\_

**Religious Institution:** \_\_\_\_\_

**Power of Attorney for Property** Name and Phone #:  
\_\_\_\_\_

**Power of Attorney for Property** Name and Phone #:  
\_\_\_\_\_

**Power of Attorney for Personal Care** Name and Phone #:  
\_\_\_\_\_

**Power of Attorney for Personal Care** Name and Phone #:  
\_\_\_\_\_

**Organ Donor :**  Yes  No

**Statement of Wishes for Funeral or Memorial Service:**

I have made pre-arrangements for my funeral:  Yes  No

Name and Address of Funeral Home: \_\_\_\_\_  
\_\_\_\_\_

If you have not documented this information elsewhere please use this opportunity to list specific information or instructions to ensure that your last wishes are carried out. (For example, preferred clergy, special readings, hymns and music, preference for burial or cremation, request flowers or donations).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Charitable organizations (if donations requested):**

\_\_\_\_\_  
\_\_\_\_\_

**Societies, Clubs and Associations:**

I belong to the following organization which should be notified of my death. Some may carry insurance on their members:

Name of Organization and Contact info: \_\_\_\_\_

Name of Organization and Contact info: \_\_\_\_\_

Name of Organization and Contact info: \_\_\_\_\_



*Medication Chart / Tableau des médicaments :*

<b>Medication Name</b> <b>Nom du médicament</b>	<b>Prescribed by</b> <b>Prescrit par</b>	<b>Start Date</b> <b>Date de début</b>	<b>Stop Date</b> <b>Date de fin</b>

Cross out each medicine when finished or discontinued.  
Rayez chaque médicament lorsqu'il est terminé ou discontinué.