



WELLINGTON-ALTUS

# Estate Information Guide

A central location to help you record and access  
important estate information



Name:

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Date:

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# How to Use this Guide

The purpose of this guide is to help you record and organize essential information that your authorized representatives, loved ones, executors and beneficiaries may need in the event of your death or incapacity. This document will help provide peace of mind for your family and trusted advisors, that they have access to a comprehensive and centralized view of your estate planning records and wishes.

## Here are important considerations and tips to keep in mind as you complete this guide:

- Not all information listed in this guide may be relevant to your situation. Use this guide to identify the relevant information you need to gather and document.
- Review and update this information regularly. Consider setting yourself a reminder to review this guide annually and with any major changes to your financial or personal situation.
- Attach copies of important documents to this guide or provide the location and file name of digital records. Anything kept as a digital record should be backed up regularly.
- Store this guide in a secure and easily accessible location.
- Ensure your executor, attorney or representative and family, if desired, know where this guide will be stored and how to access it.
- Due to the sensitive nature of the information contained herein, please ensure to store this document in a secure place.

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# 1 | Important Instructions for Executor and Family

## In this section, please include:

- Who to contact first and from whom to seek guidance.
- Additional time-sensitive instructions to share with your loved ones. This could include your burial or funeral arrangements, and organ donation wishes. For example, you may have specific religious requests, or a pre-arranged funeral or burial plot already purchased. See also arrangements on p.7 for more detail.
- Do you have any dependents and/or pets that need to be cared for immediately?

# 2 | Personal Information

Name:

Date of birth (dd/mm/yyyy):

Place of birth:

S.I.N.:

Citizenship:

Phone:

Email:

Address:

Spouse/partner information:

Date of birth (dd/mm/yyyy):

Place of birth:

S.I.N.:

Citizenship:

Phone:

Email:

Address:

### 3 | Family & Main Contacts

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 4 | Professional Advisors & Contacts

### Accountant

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Lawyer

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Investment advisor

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Insurance agent

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Primary doctor

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Medical specialist

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Dentist

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

# 5 | Power of Attorney, Wills

## Law firm handling estate documents

Firm: \_\_\_\_\_  
Lawyer's name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Powers of attorney

### Do you have a power of attorney for property?

Yes  No

Attorney's name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Location of the original documents:  
\_\_\_\_\_  
\_\_\_\_\_

### Do you have a power of attorney for personal care?

Yes  No

Agent's name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Location of the original documents:  
\_\_\_\_\_  
\_\_\_\_\_

### Have you provided directives for your medical care or a living will?

Yes  No

Location of the original documents:  
\_\_\_\_\_  
\_\_\_\_\_

## Will documents

### Do you have a will?

Yes  No

Location of the original will:  
\_\_\_\_\_  
\_\_\_\_\_

### Codicil (amendment to will)

Dated (dd/mm/yyyy): \_\_\_\_\_

Location of the document:  
\_\_\_\_\_  
\_\_\_\_\_

### Personal effects list or letter of wishes

Dated (dd/mm/yyyy): \_\_\_\_\_

Location of the document:  
\_\_\_\_\_  
\_\_\_\_\_

## Executor(s)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Alternate executor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## 5 | Power of Attorney, Wills

### Beneficiaries under will

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

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

Date of birth (dd/mm/yyyy): \_\_\_\_\_

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

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

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

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

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

Date of birth (dd/mm/yyyy): \_\_\_\_\_

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

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

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

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

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

Date of birth (dd/mm/yyyy): \_\_\_\_\_

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

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

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

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

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

Date of birth (dd/mm/yyyy): \_\_\_\_\_

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

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

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

### Details of funeral arrangements

Have you made funeral arrangements?

Yes  No

Funeral home: \_\_\_\_\_

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

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

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

Have you prepared instructions for burial, cremation, or funeral arrangements?

Yes  No

Where are these instructions documented?

In a will  In a letter

Document is located: \_\_\_\_\_

Do you own a cemetery plot?

Yes  No

Have you provided for its ongoing care?

Yes  No

The plot is located: \_\_\_\_\_

The deed to the plot is located: \_\_\_\_\_

Are you an organ donor?

Yes  No

## 6 | Location of Important Documents

### Personal identification & legal status

#### Birth certificate

Yes  No

Location of the document:

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#### Passport

Yes  No

Location of the document:

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#### Citizenship card/naturalization certificate

Yes  No

Location of the document:

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#### Adoption papers

Yes  No

Location of the document:

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### Property insurance & arrangements

Property insurance  Yes  No

Lease agreements  Yes  No

Other agreements  Yes  No

Location of the documents:

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### Marriage, divorce & family agreements

#### Marriage or co-habitation agreement

Yes  No

#### Separation agreement or divorce decree

Yes  No

Location of the document:

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#### Child support agreements

Yes  No

Location of the documents:

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### Financial & legal documents

#### Formal trust documents where you are the beneficiary or trustee

Yes  No

Location of the documents:

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### Other agreements or documents

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# 7 | Insurance Policies

## Disability insurance

### Individual coverage 1

Issuer: \_\_\_\_\_

Insured: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contract location: \_\_\_\_\_

  

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### Individual coverage 2

Issuer: \_\_\_\_\_

Insured: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contract location: \_\_\_\_\_

  

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### Group coverage

Issuer: \_\_\_\_\_

Insured: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contract location: \_\_\_\_\_

  

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## Critical illness insurance

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

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contract location: \_\_\_\_\_

  

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## Long-term care insurance

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

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contract location: \_\_\_\_\_

  

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## Other insurance

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

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contract location: \_\_\_\_\_

  

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# 7 | Insurance Policies

## Life insurance

### Individual coverage 1

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

Insured: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Insurance type: \_\_\_\_\_

Policy number: \_\_\_\_\_

Death benefit: \_\_\_\_\_

Contract location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Individual coverage 3

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

Insured: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Insurance type: \_\_\_\_\_

Policy number: \_\_\_\_\_

Death benefit: \_\_\_\_\_

Contract location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Individual coverage 2

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

Insured: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Insurance type: \_\_\_\_\_

Policy number: \_\_\_\_\_

Death benefit: \_\_\_\_\_

Contract location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Group coverage

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

Insured: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Insurance type: \_\_\_\_\_

Policy number: \_\_\_\_\_

Death benefit: \_\_\_\_\_

Contract location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 8 | Personal Financial Information

### Banking information

**Account 1 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Account type:

Chequing  Savings  USD

Ownership type:

Individual  Joint with: \_\_\_\_\_

**Account 2 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Account type:

Chequing  Savings  USD

Ownership type:

Individual  Joint with: \_\_\_\_\_

**Account 3 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Account type:

Chequing  Savings  USD

Ownership type:

Individual  Joint with: \_\_\_\_\_

**Account 4 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Account type:

Chequing  Savings  USD

Ownership type:

Individual  Joint with: \_\_\_\_\_

# 8 | Personal Financial Information

## Loan accounts

**Loan account 1 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:

Mortgage  Credit line  Demand loans

Ownership type:

Individual  Joint with:

**Loan account 3 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:

Mortgage  Credit line  Demand loans

Ownership type:

Individual  Joint with:

**Loan account 2 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:

Mortgage  Credit line  Demand loans

Ownership type:

Individual  Joint with:

**Loan account 4 - Name of financial institution:**

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:

Mortgage  Credit line  Demand loans

Ownership type:

Individual  Joint with:

## 8 | Personal Financial Information

### Credit and other cards (gas cards, department store cards and point cards)

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

Issuer: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Credit limit (\$): \_\_\_\_\_

# 8 | Personal Financial Information

## Investment information

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

Firm:  
Account type<sup>1</sup>:  
Account number:  
Ownership type<sup>2</sup>:  
Value (\$):

<sup>1</sup> Include cash accounts, margin accounts, TFSAs, RRSPs, RRIFs, LIRAs, Locked-in RRSPs, LIFs, LRIFs, Prescribed RRIFs, RESPs, RDSPs, FHSAs, annuities, etc.

<sup>2</sup> Indicate whether the account is held in a single name, joint tenancy with right of survivorship or tenancy in common (or simply joint if in Quebec).

## 9 | Assets & Real Estate

### Real estate

Home address:

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---

Title held by:  You  Spouse  Joint

Is there a mortgage:  Yes  No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Investment property address:

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---

Title held by:  You  Spouse  Joint

Is there a mortgage:  Yes  No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Property manager:

Phone:

Email:

Other recreational property address:

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Title held by:  You  Spouse  Joint

Is there a mortgage:  Yes  No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Other property address:

---

---

Title held by:  You  Spouse  Joint

Is there a mortgage:  Yes  No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Property manager:

Phone:

Email:

Item	Location of the document
Deeds	
Copies of mortgages	
Property insurance policies	
Land surveys	
Property tax receipts	
Leases	
Information on building costs	
Mortgage insurance policies	

## 9 | Assets & Real Estate

### Personal assets

#	Item description	Location	Value (\$)
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
20			
22			
23			
24			
25			
26			
27			
28			

# 10 | Household Utilities

## Home phone provider

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Internet provider

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Mobile provider

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Other

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Electricity provider

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Other

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Gas provider

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Other

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Water provider

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Other

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Home alarm company

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Other

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_

# 11 | Debts & Obligations

## Debts owed to me

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

## 12 | Business Records

Business name:

Business partner(s)' name:

Business partner(s)' name:

Business partner(s)' name:

Primary phone number:

Mailing address:

### Financial & legal documents

Business agreements/contracts

Yes  No

Location of the documents:

Articles of incorporation

Yes  No

Location of the documents:

Shareholders' agreements

Yes  No

Location of the documents:

Inter-company loans

Yes  No

Location of the documents:

Corporate-personal loans

Yes  No

Location of the documents:

Corporate-owned life insurance

Yes  No

Location of the documents:

## 13 | Digital Information, Memberships & Subscriptions

Include online account details that will need to be closed, transferred or cancelled.

Accounts should include utility accounts (ie. hydro, water, property taxes), commerce accounts (ie. Amazon, Shopify, eBay), email and social media accounts (ie. Facebook, X or Gmail), cloud and storage services (ie. Apple iCloud, Samsung Cloud), domain names and websites, subscription services (ie. Netflix, Amazon Prime, Disney +) or online payment systems (ie. PayPal).

Include locations for any electronic devices such as smartphones, computers and/or tablets.

Description of digital asset	Details

## 13 | Digital Information, Memberships & Subscriptions

The following memberships, subscriptions and loyalty programs will need to be cancelled or transferred. Provide online account access details, if applicable.

Professional memberships	
Fitness memberships	
Retail memberships	
Other memberships	
Associations	
Cooperators	
Charities	
Provincial health program	
Magazine subscriptions	
Newspaper subscriptions	
Loyalty programs	

## 14 | Additional Notes

Provide any further instructions or considerations not captured elsewhere in this document.



The information contained herein has been provided for information purposes only. The information has been drawn from sources believed to be reliable. The information does not provide financial, legal, tax or investment advice. Particular investment, tax, or trading strategies should be evaluated relative to each individual's objectives and risk tolerance. This does not constitute a recommendation or solicitation to buy or sell securities of any kind. Wellington-Altus Private Wealth Inc. (WAPW) does not guarantee the accuracy or completeness of the information contained herein, nor does WAPW assume any liability for any loss that may result from the reliance by any person upon any such information or opinions. Before acting on any of the above, please contact your financial advisor. WAPW is a member of the Canadian Investor Protection Fund and the Investment Industry Regulatory Organization of Canada.

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