

Letter of Direction for the Benefit of My Executor(s)/Trustee(s)

Executor Name	Address	Phone Number
1)		
2)		
3)		

As my Executor(s) I authorize you to purchase, at the expense of my estate:

- Professional services as you deem fit and appropriate in the care of my estate. The intent of this direction is to ensure that my Executor(s) charged with administering my estate, have the benefit of professional resources where required to manage investments, property, and business interests, and to provide legal, accounting and tax advice, ultimately for the benefit of the beneficiaries; AND
- An Executor Liability Insurance policy for Executor(s) and estate risk protection. The intent of this direction is to ensure that my Executor(s) charged with administering my estate are protected by insurance.

Signature of Testator: Date:
(dd/mm/yyyy)

Testator Information:

First Name Initial Last Name

Street Address

City Province Postal Code

This document should be kept either with the Will or in the possession of the Trustee(s).