

Smart financial planning for the blended family



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Finance

Why are prenuptial agreements and updated wills so critical? One reason is that the act of marriage will make an existing will null and void in most parts of Canada. The only way that marriage will not invalidate a will is if the

two parties drew up the will in anticipation of the nuptials and the will specifically mentions the upcoming marriage of the two named parties.

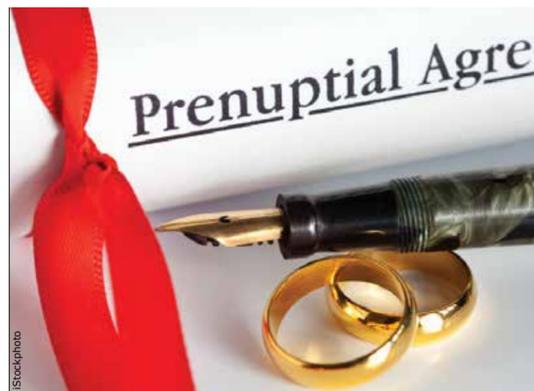
The more children and assets involved in any new marriage, the more compli-

cated the legal considerations. The goal in such a situation is to have the prenup and will as two separate documents that "talk to one other." In other words, the two documents are written in consideration of each other and do not cause

confusion or contradiction. Common practice is to retain a family lawyer to create the prenup and an estate lawyer to draw up the will. However, an individual lawyer with the relevant qualifications, two lawyers from the same firm or

even two lawyers from different firms (who are acting with the knowledge of the other) can draw up the documents.

Consider a second marriage in which each individual has children from a prior union. The husband dies with no prenuptial agreement in place and the will transfers all assets to his spouse (a common strategy used to pay less in tax and probate fees). A problem arises, however, should the wife die and her will covers only her children from the first



marriage and perhaps those from the second marriage. It wasn't the intention of the husband to cut his children from the first marriage out of the estate, but that is exactly what would happen in this scenario.

A prenuptial agreement may start off as a sensitive subject, but ultimately it will clarify the distribution of assets among heirs down the road, particularly if the new spouses have children from previous unions.

These unfortunate situations can be traumatic, but they can be sidestepped neatly with the creation of a spousal trust, a provision included in a will, which allows the parties in a marriage to control assets "beyond the grave" and ensure the final distribution of assets to children, grandchildren or other family members from the first marriage.

Make wishes known

In addition to financial considerations, those entering a second marriage should defuse potential conflicts among members of the blended family by specifically addressing issues such as choice of funeral and resting place, which can be written into a will. Because a will is quite often opened and read only after a funeral, it is also a good idea to preplan funeral arrangements and make your wishes known to the executor of your estate.

The appointment of an objective and impartial executor plays a critical role in the case of blended families and for those with large estates. It may be advisable to retain a corporate executor, such as a trust company or law firm.

Looking after the cold and clinical details of legal and financial considerations that are designed to protect family members enables spouses to enjoy the emotional rewards of "starting fresh" and conduct their retirement planning as if it were their first and only marriage.

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Things can get complicated when you say 'I do' more than once

Separation, divorce and remarriage are so common today that they are hardly remarked upon. From a financial and estate planning standpoint, however, there is often a great deal to consider when you exchange vows for a second time.

Although marriage is rightly considered to be a fresh start, the reality is that second unions bring with them assorted assets, liabilities and, quite often, responsibilities. Protecting your rights and estate can be complicated when it comes to blended families—yours and your spouse's—and the more wealth you have, generally the more cause you have for concern.

Prenuptial agreements
Many Canadians believe only celebrities and the ultra-wealthy use prenuptial agreements. However, medical professionals contemplating marriage for a second time should also seek legal advice and draw up a prenuptial agreement to ensure everyone will be treated fairly in the future.

What should go into a prenup? First of all, both parties should seek independent legal advice to craft a contract that considers children from a previous marriage. Sometimes, the idea of creating such a document can be a sensitive subject, especially if only one party has children from a prior relationship or brings fewer financial assets into the union. But it bears acknowledging that a prenuptial agreement protects both parties in a second marriage.

Relief from chronic idiopathic constipation is possible.

RESOTRAN™ (prucalopride succinate) is indicated for the treatment of chronic idiopathic constipation in adult female patients in whom laxatives failed to provide adequate relief.¹

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RESOTRAN™ is the first and only 5-HT₄ receptor agonist indicated in the treatment of chronic idiopathic constipation for adult female patients**

First in a new class of dihydrobenzofurancarboxamide compounds with prokinetic activities†

- RESOTRAN™ is a selective, high affinity serotonin (5-HT₄) receptor agonist; functional *in vivo* and *in vitro* studies show RESOTRAN™ enhances peristaltic reflex and propulsive motor patterns in the GI tract via 5-HT₄ receptor activation.¹

Demonstrated Efficacy

In clinical studies (pooled data)[†] vs. placebo, significantly more RESOTRAN™-treated patients experienced:

- Normalization of bowel movement:** Twice as many patients had normalization of bowel movements with RESOTRAN™ 2 mg vs. placebo (23.6% vs. 11.3%; p<0.001).^{§1}
- Increased number of spontaneous complete bowel movements:** RESOTRAN™ 2 mg/day was associated with a greater mean change in the number of SCBMs per week at 12 weeks vs. placebo (1.5 vs. 0.7); difference in LS (least-square) Mean Change vs. placebo (95% CI) was 0.8 (0.56, 1.07).^{1/1}

[§] Adapted from the Product Monograph. Normalization of bowel movements was defined as an average of ≥3 spontaneous complete bowel movements (SCBMs) per week over a 12-week treatment period.**

RESOTRAN™ (prucalopride succinate) is indicated for the treatment of chronic idiopathic constipation in adult female patients in whom laxatives failed to provide adequate relief. There were an insufficient number of male patients in the clinical trials to demonstrate efficacy. The efficacy of prucalopride has been established in double-blind placebo-controlled studies for up to 3 months. In case of prolonged treatment the benefit should be reassessed at regular intervals. If treatment with prucalopride is not effective during the first 4 weeks, therapy should be discontinued.

RESOTRAN™ is contraindicated in:
 • Patients who are hypersensitive to this drug or to any ingredient in the formulation or component of the container.
 • Patients with renal impairment requiring dialysis.
 • Patients with intestinal perforation or obstruction due to structural or functional disorder of the gut wall, obstructive ileus, severe inflammatory conditions of the intestinal tract, such as Crohn's disease, and ulcerative colitis and toxic megacolon/megarectum.

Patients with severe and clinically unstable concomitant disease (e.g., liver, cardiovascular or lung disease, neurological or psychiatric disorders, cancer or AIDS and other endocrine disorders) as well as patients with insulin-dependent diabetes mellitus have not been studied. Caution should be exercised when prescribing RESOTRAN™ to patients with these conditions.

RESOTRAN™ should be used with caution in patients with a history of arrhythmias or ischemic cardiovascular disease. RESOTRAN™ has been associated with a slight increase of heart rate in healthy volunteers, as well as a decrease in the PR interval. Caution should be observed in patients with conditions that might be worsened by an increase in heart rate, such as ischemic heart disease or tachyarrhythmias. Caution should also be observed in patients with pre-excitation syndromes such as Wolff-Parkinson-White syndrome or Lown-Ganong-Levine syndrome, or atrio-ventricular nodal rhythm disorders, such as AV junctional rhythms with retrograde activation or ectopic atrial rhythms. Palpitations have been reported during clinical studies. Clinical monitoring is recommended particularly in patients with cardiovascular conditions. If palpitations are severe and persistent patients should consult with their physician.

If severe or persistent diarrhea occurs during treatment, patients should be advised not to continue therapy with RESOTRAN™ and consult their physician. RESOTRAN™ is not recommended during pregnancy or during breastfeeding. RESOTRAN™ is not recommended in children. RESOTRAN™ has been associated with dizziness and fatigue particularly during the first day of treatment which may have an effect on driving and using machines.

The most common adverse events (≥10%) with RESOTRAN™ in Phase 2/3 controlled studies were gastrointestinal (nausea, 17%; diarrhea, 12%; abdominal pain, 12%) and nervous system disorders (headache, 22%) and the majority of these adverse events were mild to moderate in severity. Approximately half of all adverse events of nausea, diarrhea and headache occurred during the first 1–2 days of treatment. For abdominal pain, about 36% of all AEs occurred early on treatment.

In elderly patients (≥65 years) with chronic idiopathic constipation, the most common adverse reactions with RESOTRAN™ were gastrointestinal disorders and headache. No clinically meaningful increase of adverse events was observed in RESOTRAN™-treated groups compared with placebo. A total of 564 elderly patients (≥65 years) with chronic constipation were treated with RESOTRAN™ in all double-blind studies.

For complete warnings and precautions and a complete list of possible side effects, please consult the RESOTRAN™ Product Monograph.

Reference: 1. Janssen Inc. RESOTRAN™ Product Monograph. June 2012.

[†]Comparative clinical significance has not been established ¹Clinical significance has not been established

* See the Product Monograph for full prescribing information. ** SCBMs are defined as spontaneous (i.e. 24 hours without the use of laxatives or other aids) bowel movements with a sense of complete evacuation.¹ † Prucalopride 4 mg is not approved for use in Canada; in all studies, subjects were predominantly white. Data from pooled analysis of pivotal, double-blind, randomized, placebo-controlled trials. Patients with chronic idiopathic constipation received RESOTRAN™ 2 mg/day (n=659) or 4 mg/day (n=657) or placebo (n=661) for 12 weeks. Mean age of patients was 46.9 (range 17–95) years. RESOTRAN™ is not recommended in children younger than 18 years old. // At baseline, patients in RESOTRAN™ and placebo groups had an average of 0.4 SCBMs/week.¹

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