



Beneficiary Review

PART 1: PERSONAL INFORMATION

Full name: _____

Home address: _____

Business address: _____

Occupation: _____

Approximate annual income: _____

Date of birth: _____

Have you ever changed your state of residence? **Yes** **No**

If yes, when? _____

Are you divorced? **Yes** **No**

Year of divorce, if applicable: _____

Full name of spouse: _____

Spouse's date of birth: _____

Children of Current Marriage

1. Full name: _____

Home address: _____

Phone: _____ Date of birth: _____

2. Full name: _____

Home address: _____

Phone: _____ Date of birth: _____

3. Full name: _____

Home address: _____

Phone: _____ Date of birth: _____

Children of Prior Marriage (if applicable)

1. Full name: _____

Home address: _____

Phone: _____ Date of birth: _____

2. Full name: _____

Home address: _____

Phone: _____ Date of birth: _____

3. Full name: _____

Home address: _____

Phone: _____ Date of birth: _____

Names and ages of grandchildren:

Names of parents (if deceased, so indicate):

Full name: _____

Date of birth: _____ Phone: _____

Full name: _____

Date of birth: _____ Phone: _____

Names of spouse's parents (if deceased, so indicate):

Full name: _____

Date of birth: _____ Phone: _____

Full name: _____

Date of birth: _____ Phone: _____

Other relatives and individuals who are part of your disposition plan:

Advisors

Guardians of minor children: _____

Address: _____

Phone: _____

Executors of your will(s): _____

Address: _____

Phone: _____

Attorney: _____

Address: _____

Phone: _____

Accountant: _____

Address: _____

Phone: _____

Financial advisor: _____

Address: _____

Phone: _____

Other:

What would you like to achieve as a result of this beneficiary review?

PART 2

Please indicate the beneficiaries or disposition of assets in each category below. Ignore any categories that do not apply to you. If no change of beneficiary is desired, leave the “desired” column blank or write “no change”.

Your Beneficiary Designations

Life Insurance

	COMPANY	FACE AMOUNT	LENGTH OF CONTRACT	YEAR ISSUED	CURRENT PRIMARY	DESIRED PRIMARY	CONTINGENT	CHANGE NEEDED (Y or N)
Example ↳	Any Company Life	\$100,000	10 yr. term	1999	Wife	No change	Not sure	Y

Comments and observations:

Qualified Plans and IRAs

	TYPE OF PLAN	EMPLOYER OR PROVIDER	PLAN BALANCE	CURRENT PRIMARY	DESIRED PRIMARY	CONTINGENT	CHANGE NEEDED (Y or N)
Example ↳	401(k)	ABC Corporation	\$100,000	Not sure	Wife	None	Y

Comments and observations:

Deposit Accounts

	NAME OF BANK	TYPE OF ACCOUNT	BALANCE	MATURITY DATE (IF ANY)	CURRENT PRIMARY	DESIRED PRIMARY	CONTINGENT	CHANGE NEEDED (Y OR N)
Example ↳	Bank of Prosperity	CD	\$100,000	12/2010	Wife	No change	Not sure	Y

Comments and observations:

Other Investments (stocks, mutual funds, real estate, and other investments)

	TYPE OF INVESTMENT	VALUE	CURRENT PRIMARY	DESIRED PRIMARY	CONTINGENT	CHANGE NEEDED (Y OR N)
Example ↳	Mutual Fund	\$100,000	Wife	No change	None	Y

Comments and observations:

Your Will

Do you have a will? **Yes** **No** Does your spouse have a will? **Yes** **No**

If yes, complete the balance of this section.
Otherwise proceed to Your Trust.

Year will was signed by: You: _____ Spouse: _____

Year will was last updated: You: _____ Spouse: _____

State in which will was executed: You: _____ Spouse: _____

Assets passed by your will (indicate estimated value):

Personal property: _____ Real estate: _____

Investments: _____ Collections: _____

Other assets (list key assets and estimated value):

Other will provisions: _____

Names of guardians: _____

Trust created: _____

Other:

Do you own a business interest? **Yes** **No** If yes: _____

Business name and type of business: _____

Estimated value owned by you and your spouse: _____

Buy-and-sell arrangement in force? **Yes** **No**

Date of buy-and-sell: _____ Last reviewed on: _____

**CONSULT YOUR ATTORNEY WITH REGARD TO CHANGES OR UPDATING
OR REVIEW OF YOUR WILL OR OTHER LEGAL DOCUMENTS.**

Your Trust

Do you have a trust? **Yes** **No**

If yes, complete the balance of this section.
Otherwise proceed to Referrals.

What is the purpose of your trust?

Year trust was completed: _____ Last reviewed on: _____

Name of trust: _____

Name of trustee: _____

List trust beneficiaries:

Assets payable to or owned by the trust (list key assets and approximate value):

**CONSULT WITH YOUR ATTORNEY WITH REGARD TO
UPDATING OR REVIEWING YOUR TRUST.**

REFERRALS

Assuming that you are completely satisfied with the service I have provided, I appreciate you providing me with five referrals who might be interested in a beneficiary review. Thank you in advance.

Name: _____

Occupation: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Occupation: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Occupation: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Occupation: _____

Address: _____

Phone: _____ Email: _____

OTHER INFORMATION

This space is for any other information that may be relevant to the beneficiary review.