

Beneficiary Review Checklist



A beneficiary review is a simple way to help ensure that your beneficiary designations align with your wishes and can help make asset transfer a smoother and easier process for your loved ones. Working with your financial professional and other credible professionals to regularly review your existing account designations and any life changes that could potentially affect your legacy plan can help you avoid costly mistakes and ensure that your legacy plan plays out the way you intended.

Personal Information

Client Name: _____ DOB: _____

Occupation: _____ Employer: _____

Spouse Name (If Applicable): _____ DOB: _____

Contact Information

Name: _____ Address: _____

Email: _____ Cell: _____

Beneficiaries and Family Members

Name:	Relationship:	Age:	Married?	Spouse Name:	# of Children	Names (If Applicable):
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Beneficiaries and Family Members' Contact Information

Name:

Address:

_____	_____
_____	_____
_____	_____

Cell:

Email:

_____	_____
_____	_____
_____	_____

Is it important to you to leave a legacy to a skipping generation (i.e. grandchildren)? ☐ Yes ☐ No

Professional Advisors

Financial or other Professional(s) you currently work with:

Accountant: _____	Address: _____	Phone: _____
Attorney: _____	Address: _____	Phone: _____
Financial: _____	Address: _____	Phone: _____
Insurance: _____	Address: _____	Phone: _____
Other: _____	Address: _____	Phone: _____

Estate Documents

Which of the following estate documents do you currently have in place?

<input type="checkbox"/> Will	Date: _____ Executor: _____
<input type="checkbox"/> Revocable Living Trust	Date: _____ Trustee: _____
<input type="checkbox"/> Power of Attorney - Financial Matters	Representative: _____
<input type="checkbox"/> Power of Attorney - Health Care	Representative: _____
<input type="checkbox"/> Guardianship for Minor(s)	Who: _____
<input type="checkbox"/> Irrevocable Life Insurance Trust (ILIT)	Date: _____ Trustee: _____
<input type="checkbox"/> Other Trust Arrangements in Place (Describe)	Date: _____ Trustee: _____

Where are these documents located? _____ May we have a copy to ensure safe-keeping? ☐ Yes ☐ No

Do you have a family member or friend that you would like to discuss your legacy plan with? ☐ Yes ☐ No

Who: _____ Phone Number: _____

Identify how your current documents distribute your estate: _____

Spouse (if Applicable):

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Will | Date: _____ Executor: _____ |
| <input type="checkbox"/> Revocable Living Trust | Date: _____ Trustee: _____ |
| <input type="checkbox"/> Power of Attorney - Financial Matters | Representative: _____ |
| <input type="checkbox"/> Power of Attorney - Health Care | Representative: _____ |
| <input type="checkbox"/> Guardianship for Minor(s) | Who: _____ |
| <input type="checkbox"/> Irrevocable Life Insurance Trust (ILIT) | Date: _____ Trustee: _____ |
| <input type="checkbox"/> Other Trust Arrangements in Place (Describe) | Date: _____ Trustee: _____ |

Where are these documents located? _____ May we have a copy to ensure safe-keeping? ☐ Yes ☐ No

Do you have a family member or friend that you would like to discuss your legacy plan with? ☐ Yes ☐ No

Who: _____ Phone Number: _____

Identify how your current documents distribute your estate: _____

Life Event Checklist

Have you experienced any of the following life events or taken any of the following actions within the last 12 months?

Check all that apply:

- | | |
|---|-------------|
| <input type="checkbox"/> Marriage | Date: _____ |
| <input type="checkbox"/> Adoption | Date: _____ |
| <input type="checkbox"/> Divorce | Date: _____ |
| <input type="checkbox"/> Job Change | Date: _____ |
| <input type="checkbox"/> Death of Beneficiary | Date: _____ |
| <input type="checkbox"/> Purchased Life Insurance | Date: _____ |
| <input type="checkbox"/> Rollover of Qualified Monies | Date: _____ |
| <input type="checkbox"/> Birth of a Child or Grandchild | Date: _____ |
| <input type="checkbox"/> Illness or Incapacitation of a Beneficiary | Date: _____ |

Please note, [AGENT/ADVISOR NAME] does not provide tax or legal advice. Please seek professional guidance from your tax or legal professional regarding your specific situation.

[AGENT/ADVISOR NAME] | [COMPANY]
[CONTACT INFO]
[ADDITIONAL DISCLOSURES IF NEEDED]

Beneficiary Designation Checklist

Financial Vehicle:	Owner	Issuing Company	Policy#/Acct#/Contract#	Primary Beneficiary	Relationship	Contingent Beneficiary	Relationship
Bank Account #1	_____	_____	_____	_____	_____	_____	_____
Bank Account #2	_____	_____	_____	_____	_____	_____	_____
CDs	_____	_____	_____	_____	_____	_____	_____
Non-Qualified	_____	_____	_____	_____	_____	_____	_____
Investment	_____	_____	_____	_____	_____	_____	_____
Accounts	_____	_____	_____	_____	_____	_____	_____
IRA #1	_____	_____	_____	_____	_____	_____	_____
IRA #2	_____	_____	_____	_____	_____	_____	_____
Roth IRA #1	_____	_____	_____	_____	_____	_____	_____
Roth IRA #2	_____	_____	_____	_____	_____	_____	_____
Employer Sponsored	_____	_____	_____	_____	_____	_____	_____
Plan #1	_____	_____	_____	_____	_____	_____	_____
Employer Sponsored	_____	_____	_____	_____	_____	_____	_____
Plan #2	_____	_____	_____	_____	_____	_____	_____
Life Insurance Policy #1	_____	_____	_____	_____	_____	_____	_____
Life Insurance Policy #2	_____	_____	_____	_____	_____	_____	_____
Non-Qualified Annuity	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____

Client Signature: _____ Date: _____

Financial Professional Signature: _____ Date: _____