

# 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

## Credible Financial Professionals

Financial Professional you currently work with:

Accountant: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Estate Documents

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

☐ Will Date: \_\_\_\_\_ Executor: \_\_\_\_\_

☐ Revocable Living Trust Date: \_\_\_\_\_ Trustee: \_\_\_\_\_

☐ Power of Attorney - Financial Matters Representative: \_\_\_\_\_

☐ Power of Attorney - Health Care Representative: \_\_\_\_\_

☐ Guardianship for Minor(s) Who: \_\_\_\_\_

☐ Irrevocable Life Insurance Trust (ILIT) Date: \_\_\_\_\_ Trustee: \_\_\_\_\_

☐ 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, [Financial Professional / Agency] does not provide tax or legal advice. Please seek professional guidance from your tax or legal professional regarding your specific situation.**

[Financial Professional / Agency Contact Information]  
[Name] | [Phone] | [Address]

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: \_\_\_\_\_