

Beneficiary Review Journal



Where will your assets go?

Hypothetical situation reveals the benefits of completing your beneficiary review

Most people have a good idea who they want to name as beneficiaries, but often, many fail to keep beneficiary designations in step with their intentions. Marital changes and changes to family status may require a change to your current beneficiary designations.

If no contingent beneficiary is named and the primary beneficiary predeceases you, then payments would likely be made to your estate, creating unnecessary delays and expenses.

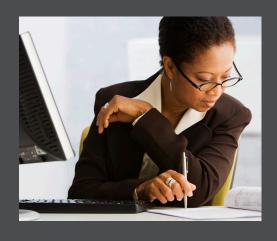
It was a second marriage for both Jim and Mary. Jim had a son from a previous marriage while Mary had two daughters. They knew it was important to plan for the disposition of their assets. In fact, they named each other as beneficiaries of their pension plans and bank accounts, and purchased their home as joint tenants.

Unfortunately, they never got around to creating simple wills or designating contingent beneficiaries before the unthinkable happened: both were killed following a head-on car collision. Jim survived Mary by 10 days. Therefore, the house and all of their qualified assets, savings account and investments were distributed to Jim's son. Mary's daughters were left with nothing.

With a beneficiary review, your insurance professional can help identify potential problems and suggest ways to solve them.







GETTING STARTED

Are your beneficiary designations up-to-date? All of them? Are you sure? A beneficiary review is an easy yet vital process. The first step is to identify your insurance policies and other financial assets and determine how they will be distributed upon your death.

Next, for each asset, you should decide whether or not the current beneficiary designation still meets your goals. Have you named a contingent beneficiary, where appropriate? If the answer is no, then your insurance professional can help.

To begin a beneficiary review, consult the professional who provided this brochure to you. He or she will assist you in completing a beneficiary review form and in determining whether your current beneficiary designations continue to meet your goals.

A beneficiary omission may cause unnecessary probate costs and serious delays in the distribution of your assets. If your beneficiary designations are out-of-date, you may not be passing property according to your current intentions. With a beneficiary review, we can help you identify potential problems and suggest ways to solve them.

Important note: The purpose of a beneficiary review is to assist policy owners in reviewing their assets and determining how they will be distributed upon their death. It is not intended to be estate planning, financial planning, or to offer legal or tax advice. If legal, tax, or other professional services or advice are needed, the services of a competent professional should be sought as applicable state laws and/or regulations may impact your beneficiary designations.

BENEFICIARY REVIEW FINANCIAL JOURNAL Specially Prepared for:		
Financial Professional Providing Your Beneficiary Review	 Date	
Instructions for completion of this form		

The purpose of the beneficiary data form is for policy owners and prospective clients to determine if their current beneficiary designations meet their goals. If current and desired plans do not match, the life insurance professional may assist the client in completing any changes to beneficiary designations, if requested to do so. Complete all areas that apply.

Strict Confidentiality

The data contained in this form shall be held in strict confidence and may not be shared with any other person, or organization, including legal, tax, or accounting professionals, without the prior authorization of the client.

CLIENT INFORMATION

Full name		
Home address		
Business address		
Occupation_		
Approximate annual income		
, pp. 5ac		
Date of birth		
Have you ever changed your state of residence? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
Are you divorced? ☐ Y or ☐ N Year of divorce, if ap	plicable	
Children of current marriage:		
1) Full name		
Home address		
	_Birthdate	
2) Full name		
Phone		
Home address		
Phone		
4) Full name		
Home address		
Phone		
Children of prior marriage:		
1) Full name		
Home addressPhone	Birthdate	
2) Full name	birindule	
Home address		
Phone	pod to	
3) Full name		
Home address		
Phone_	5: 1.1	
4) Full name		
Home address		
Phone	Birthdate	

CLIENT INFORMATION

Names and ages of grandchildren	
Names of client's parents (if deceased, so in	dicate)
Name	
Home address	
	Phone No
Names of spouse's parents (if deceased, so	indicate)
Name	
Age	Phone No
Other relatives and individuals who are par	t of your disposition plan
Advisors	
Guardians of minor children	
	Phone No
Executors of your will(s)	
	Phone No
Your attorney	
Address	
Your accountant_	
Address	-1
Financial advisor	
Address	Phone No
Other	
What would you like to achieve as a result o	(ali: l (i - i i 2

YOUR BENEFICIARY DESIGNATIONS

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.

Life Insurance

Company	Face Amount	Length of Contract	Year Issued
[Sample Entry] Any Company Life	\$100,000	10 yr. term	2001

Comments and observations

Qualified Plans and IRAs

Type of Plan	Employer or Provider	Plan Balance
[Sample Entry] 401(k)	ABC Corporation	\$100,000

Comments and observations_

Deposit Accounts

Comments and observations

	Name of Bank	Type of Account	Balance	Maturity Date (if any)
[Sample Entry]	Bank of Prosperity	CD	\$100,000	12/2012

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

	Type of Investment	Value	Current Primary
[Sample Entry]	Mutual Fund	\$100,000	Wife

Comments and observations

Current Primary	Desired Primary	Contingent	Change Needed (Y or N)
Wife	Same	None	Υ

Current Primary	Desired Primary	Contingent	Change Needed (Y or N)
Not sure	Wife	None	Υ

Current Primary	Desired Primary	Contingent	Change Needed (Y or N)
Wife	Wife	None	Υ

Desired Primary	Contingent	Change Needed (Y or N)
Wife	None	Υ

WILL AND TRUSTS

Your Will		
Do you have a will? \square Y or \square N Does your spouse have	a will? \square Y or \square N	
If yes, complete the balance of this section. Otherwise proceed	ed to " Your Trust ".	
Year will was signed by: Client	Spouse	
Year will was last updated: Client	Spouse	
State in which will was executed: Client		
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? Y or N If yes:		
Business name and type of business		
Estimated value owned by you and your spouse		
Buy and sell arrangement in force? \(\subseteq \text{Y} \) or \(\subseteq \text{N} \) Consult your attorney with regard to changes or u	,	
	pading of review of your wind	ilia/ or other legal docoments.
Your Trust		
Do you have a trust? \square Y or \square N If yes, complete the bala	•	•
What is the purpose of your trust?		
Year trust was completed_	Last reviewed on	
Name of trust	Name of trustee	
List trust beneficiaries		
And a state of the second		
Assets payable to or owned by the trust – list key assets and a	approximate value:	

Consult with your attorney with regard to updating or reviewing your trust.

JOINT TENANCY

Joint Tenancy

List all property owned jointly with others:

P	Property Description	Approximate Value	Names of Joint Owners	Change Needed (Y or N)					
[Sample Entry]	Residence	\$400,000	Husband and Wife	N					
Comments and ol	bservations								
Other Info									
This space is for any other information which may be relevant to the beneficiary review.									

REFERRALS

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

Name	Occupation	
Address		Phone
Name	_ Occupation	
Address_		Phone
Name	_ Occupation	
Address_		Phone
Name_	Occupation	
Address		Phone
Name_	_ Occupation	
Address_		Phone
Notes		



NOT A DEPOSIT | NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY | MAY LOSE VALUE | NO BANK OR CREDIT UNION GUARANTEE | NOT FDIC/NCUA/NCUSIF INSURED

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