



Preparing for the future:

BENEFICIARY

AUDIT

WORKSHEET

Notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Beneficiary audit worksheet



Note:

When filling out these forms, please write above each line.

Last updated (month/date/year)

Why you need to revisit your beneficiary designations

Certain assets pass directly to beneficiaries outside of the will. These accounts include IRAs, company-sponsored retirement plans, transfer-on-death accounts, life insurance policies, annuities, and education savings accounts (including 529 and Coverdell accounts). The financial institution must distribute the assets to the person or institutions named in your contract or account agreement. The beneficiary designations you make on account documents will override any directions made in a will or in trust documents.

Many people establish accounts and give little thought to the beneficiary designation. Over the years, life events such as marriage, divorce, births and deaths may change your beneficiary preferences. That's why you must review these selections to be sure they reflect your current circumstances.

Here are a few tips to consider in reviewing your beneficiary designations:

- Name at least one primary and one contingent beneficiary. If a beneficiary passes away, the assets will pass to the contingent beneficiary.
- Those who have not yet reached the age of majority (i.e., minors) are not eligible to own financial assets. In this case, you may appoint a guardian in your will to oversee these assets until the age of majority (which depends on the state where they live).
- Failure to name a primary or contingent beneficiary may have negative consequences. Should the account have no primary or contingent beneficiary, in case the beneficiaries pre-decease you, or if the account does not name beneficiaries, then the estate itself will become the beneficiary. Assets left to your estate are subject to the probate process and will be distributed in accordance with your will.

In summary, a periodic review of your beneficiary designations and an intentional update based on family events (such as marriage and the birth of children and grandchildren) will ensure that the assets in your retirement plans and other covered accounts will be distributed in a way that is consistent with your current or latest intentions. We recommend updating these any time there has been a significant change in your life — for example, divorce or death.

Please note: Completing this form is only the first step to documenting a change to a beneficiary. You will also need to contact your Financial Professional (or an appropriate contact) to make the necessary change(s) at any/all relevant financial firms where you currently hold accounts (e.g., brokerage, life insurance).

IRA account 1

Owner name (first, middle, last)

Website

Name of financial institution

Username

Account #

Password

☐ Traditional ☐ Roth ☐ SEP ☐ Simple

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

IRA account 2

Owner name (first, middle, last)

Name of financial institution

Account #

☐ Traditional ☐ Roth ☐ SEP ☐ Simple

Website

Username

Password

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

☐ Primary ☐ Contingent

Address

City

State

Zip

Relationship

Phone #

Email

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

☐ Primary ☐ Contingent

Address

City

State

Zip

Relationship

Phone #

Email

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

☐ Primary ☐ Contingent

Address

City

State

Zip

Relationship

Phone #

Email

IRA account 3

Owner name (first, middle, last)

Website

Name of financial institution

Username

Account #

Password

☐ Traditional ☐ Roth ☐ SEP ☐ Simple

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

IRA account 4

Owner name (first, middle, last)

Name of financial institution

Account #

☐ Traditional ☐ Roth ☐ SEP ☐ Simple

Website

Username

Password

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

☐ Primary ☐ Contingent

Address

City

State

Zip

Relationship

Phone #

Email

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

☐ Primary ☐ Contingent

Address

City

State

Zip

Relationship

Phone #

Email

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

☐ Primary ☐ Contingent

Address

City

State

Zip

Relationship

Phone #

Email



Company-sponsored retirement plans

Plan 1

Employer

Type of plan

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Plan 2

Employer

Type of plan

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

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Address

Email

City

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Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Transfer-on-death account

A securities account that names a beneficiary as the new owner at the owner's death, usually in accordance with a state's enactment of the Uniform TOD Security Registration Act.

Owner name (first, middle, last)

Website

Name of financial institution

Username

Password

Account #

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip



Policy 1

Insurance company

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Policy 2

Insurance company

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

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Address

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Policy 3

Insurance company

Account #

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Phone #

Owner name (first, middle, last)

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Social Security #

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Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Plan 1

Company ☐ Fixed ☐ Variable

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip

Plan 2

Company ☐ Fixed ☐ Variable

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

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Plan 3

Company ☐ Fixed ☐ Variable

Account #

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Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

☐ Primary ☐ Contingent

Address

Email

City

State

Zip



College Savings Plan

Accounts

Name of financial institution

Account #

Owner name (first, middle, last)

☐ Successor/relationship

Name of beneficiary (first, middle, last)

Date of birth

Social Security #

Address

City

State

Zip

Name of financial institution

Account #

Owner name (first, middle, last)

☐ Successor/relationship

Name of beneficiary (first, middle, last)

Date of birth

Social Security #

Address

City

State

Zip

Name of financial institution

Account #

Owner name (first, middle, last)

☐ Successor/relationship

Name of beneficiary (first, middle, last)

Date of birth

Social Security #

Address

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Name of financial institution

Account #

Owner name (first, middle, last)

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Name of beneficiary (first, middle, last)

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Name of financial institution

Account #

Owner name (first, middle, last)

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