



Your Beneficiary

Review

By: Ed Sanchez, Advanced Sales Consultant



Protect Your Legacy

PART ONE: client information

Full name _____

Home address _____

Business address _____

Occupation _____

Approximate annual income _____

Date of birth _____

Have you ever changed your state of residence? Y or N

If yes, when? _____

Are you divorced? Y or N Year of divorce, if applicable _____

Full name of spouse _____

YOUR BENEFICIARY REVIEW

Children of current marriage:

1) Full name _____

Home address _____

Phone _____ Birthdate _____

2) Full name _____

Home address _____

Phone _____ Birthdate _____

3) Full name _____

Home address _____

Phone _____ Birthdate _____

4) Full name _____

Home address _____

Phone _____ Birthdate _____

Children of prior marriage:

1) Full name _____

Home address _____

Phone _____ Birthdate _____

2) Full name _____

Home address _____

Phone _____ Birthdate _____

3) Full name _____

Home address _____

Phone _____ Birthdate _____

4) Full name _____

Home address _____

Phone _____ Birthdate _____



YOUR BENEFICIARY REVIEW

Names and ages of grandchildren

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

Name _____

Home address _____

Age _____ Phone No. _____

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

Name _____

Home address _____

Age _____ Phone No. _____

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 _____

Your attorney _____

Address _____

Phone _____

Your accountant _____

Address _____

Phone _____

Financial advisor _____

Address _____

Phone _____

Other _____

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



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YOUR BENEFICIARY REVIEW

PART TWO

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

Your Beneficiary Designations

Life Insurance

Company	Face Amount	Length of Contract	Year Issued	Current Primary	Desired Primary	Contingent	Change Needed (Y or N)
Any Company Life	\$100,000	10 yr. term	1999	Wife	Same	None	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)
401(k)	ABC Corporation	\$100,000	Not sure	Wife	None	Y

Comments and observations _____



YOUR BENEFICIARY REVIEW

Deposit Accounts

Name of Bank	Type of Account	Balance	Maturity Date (if any)	Current Primary	Desired Primary	Contingent	Change Needed (Y or N)
Bank of Prosperity	CD	\$100,000	12/2010	Wife	Wife	None	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)
Mutual Fund	\$100,000	Wife	Wife	None	Y

Comments and observations _____



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YOUR WILL

Do you have a will? Y or N Does your spouse have a will? Y or N
If yes, complete the balance of this section. Otherwise proceed to "YOUR TRUST"

Year will was signed by: Client _____ Spouse _____

Year will was last updated: Client _____ Spouse _____

State in which will was executed: Client _____ 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? 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? Y or N

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 BENEFICIARY REVIEW

YOUR TRUST

Do you have a trust? Y or N If yes, complete the balance of this section.
Otherwise proceed to "JOINT TENANCY"

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.



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REFERRALS

Assuming that you are completely satisfied with the service which 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 _____

Name _____ Occupation _____

Address _____

Phone _____

Name _____ Occupation _____

Address _____

Phone _____

Name _____ Occupation _____

Address _____

Phone _____

Name _____ Occupation _____

Address _____

Phone _____

YOUR BENEFICIARY REVIEW

NOTES

Lined area for taking notes.

