

Beneficiary Organizer

Date: _____

Personal information

Self

Full legal name: _____
Primary address: _____
Home phone: _____
Cell phone: _____
Email: _____
Date of birth: _____

Spouse

Have you ever changed your state of residence? yes no
Are you divorced? yes no

Children of current marriage

Full legal name: _____
Full legal name: _____
Full legal name: _____
Full legal name: _____

Date of birth: _____
Date of birth: _____
Date of birth: _____
Date of birth: _____

Children of prior marriage

Full legal name: _____
Full legal name: _____
Full legal name: _____
Full legal name: _____

Date of birth: _____
Date of birth: _____
Date of birth: _____
Date of birth: _____

Other relatives, individuals and charities you designate as beneficiaries:

Do you have a will? yes no

Date last updated: _____

Does your spouse have a will? yes no

Date last updated: _____

Assets passed by your will (indicate estimated value):

Personal Property: _____ Real Estate: _____ Investments: _____
Collections: _____ Other: _____ Other: _____

Do you have a trust? yes no

Date last updated: _____

What is the purpose of your trust? _____

Trust beneficiaries: _____

Assets payable to or owned by the trust: _____

Beneficiary designations

Life insurance and disability income insurance

	Issuing Company	Type of Policy	Face/Benefit Amount	Year Issued	Primary Beneficiary	Contingent Beneficiary	Change Needed?
Policy 1:	_____	_____	_____	_____	_____	_____	_____
Policy 2:	_____	_____	_____	_____	_____	_____	_____
Policy 3:	_____	_____	_____	_____	_____	_____	_____
Policy 4:	_____	_____	_____	_____	_____	_____	_____

Qualified plans and IRAs

	Type of Plan	Employer or Provider	Plan Balance	Primary Beneficiary	Contingent Beneficiary	Change Needed?
Account 1:	_____	_____	_____	_____	_____	_____
Account 2:	_____	_____	_____	_____	_____	_____
Account 3:	_____	_____	_____	_____	_____	_____
Account 4:	_____	_____	_____	_____	_____	_____

Deposit accounts (CDs, checking/savings accounts)

	Name of Bank	Type of Account	Account Balance	Maturity Date (if applicable)	Primary Beneficiary	Contingent Beneficiary	Change Needed?
Account 1:	_____	_____	_____	_____	_____	_____	_____
Account 2:	_____	_____	_____	_____	_____	_____	_____
Account 3:	_____	_____	_____	_____	_____	_____	_____
Account 4:	_____	_____	_____	_____	_____	_____	_____

Other investments (Stocks, mutual funds, real estate)

	Type of Investment	Value	Joint Owner (if applicable)	Primary Beneficiary	Contingent Beneficiary	Change Needed?
Investment 1:	_____	_____	_____	_____	_____	_____
Investment 2:	_____	_____	_____	_____	_____	_____
Investment 3:	_____	_____	_____	_____	_____	_____
Investment 4:	_____	_____	_____	_____	_____	_____

Business interests

Do you own a business? yes no Estimated Value:
 Is there a Buy/Sell Agreement in place? yes no Date last reviewed:



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