

# Beneficiary Organizer

Date: \_\_\_\_\_

## Personal information

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

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

### Children of current marriage

Full legal name: _____	Date of birth: _____
Full legal name: _____	Date of birth: _____
Full legal name: _____	Date of birth: _____
Full legal name: _____	Date of birth: _____

### Children of prior marriage

Full legal name: _____	Date of birth: _____
Full legal name: _____	Date of birth: _____
Full legal name: _____	Date of birth: _____
Full legal name: _____	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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