



BENEFICIARY REVIEW WORKSHEET

Name(s): _____

Date: _____ Last Revised: _____

Will

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

Named Contingent Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Trust

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____



Continued >

BENEFICIARY REVIEW WORKSHEET *continued*

Named Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Named Contingent Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Insurance Policy

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Named Contingent Beneficiary(ies):

- 1. _____ % _____
- 2. _____ % _____
- 3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Continued >

BENEFICIARY REVIEW WORKSHEET *continued*

Qualified Retirement Plan

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

Named Contingent Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

Benefit Type: Per Stirpes Per Capita

Nonqualified Deferred Compensation Plan

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

1. _____ % _____

2. _____ % _____

3. _____ % _____

BENEFICIARY REVIEW WORKSHEET *continued*

Named Contingent Beneficiary(ies):

- | | |
|----------|---------|
| 1. _____ | % _____ |
| 2. _____ | % _____ |
| 3. _____ | % _____ |

Benefit Type: Per Stirpes Per Capita

Other Employee Benefits

Service Provider/Telephone #: _____

Custodian and Account #: _____

Asset Size/Date: _____

Named Beneficiary(ies):

- | | |
|----------|---------|
| 1. _____ | % _____ |
| 2. _____ | % _____ |
| 3. _____ | % _____ |

Named Contingent Beneficiary(ies):

- | | |
|----------|---------|
| 1. _____ | % _____ |
| 2. _____ | % _____ |
| 3. _____ | % _____ |

Benefit Type: Per Stirpes Per Capita