



EMPLOYEE
BENEFITS
SPECIALIST



Beneficiary Review Checklist



A beneficiary review is a simple way to help ensure that your beneficiary designations align with your wishes and can help make asset transfer a smoother and easier process for your loved ones. Working with your financial professional and other credible professionals to regularly review your existing account designations and any life changes that could potentially affect your legacy plan can help you avoid costly mistakes and ensure that your legacy plan plays out the way you intended.

Personal Information

Name: _____ DOB: _____

Occupation: _____ Employer: _____

Spouse Name (If Applicable): _____ DOB: _____

Contact Information

Name: _____ Address: _____

Email: _____ Cell: _____

Beneficiaries and Family Members

| Name: | Relationship: | Age: | Married? | Spouse Name: | # of Children | Names (If Applicable): |
|-------|---------------|-------|----------|--------------|---------------|------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Beneficiaries and Family Members' Contact Information

Name:

Address:

Cell:

Email:

Is it important to you to leave a legacy to a skipping generation (i.e. grandchildren)? Yes No

Credible Financial Professionals

Financial Professional you currently work with:

Accountant: _____ Address: _____ Phone: _____

Attorney: _____ Address: _____ Phone: _____

Financial: _____ Address: _____ Phone: _____

Other: _____ Address: _____ Phone: _____

Estate Documents

Which of the following estate documents do you currently have in place?

Will Date: _____ Executor: _____

Revocable Living Trust Date: _____ Trustee: _____

Power of Attorney - Financial Matters Representative: _____

Power of Attorney - Health Care Representative: _____

Guardianship for Minor(s) Who: _____

Irrevocable Life Insurance Trust (ILIT) Date: _____ Trustee: _____

Other Trust Arrangements in Place (Describe) Date: _____ Trustee: _____

Where are these documents located? _____ May we have a copy to ensure safe-keeping? Yes No

Do you have a family member or friend that you would like to discuss your legacy plan with? Yes No

Who: _____ Phone Number: _____

Identify how your current documents distribute your estate: _____

Spouse (if Applicable):

- | | | |
|---|-----------------------|-----------------|
| <input type="checkbox"/> Will | Date: _____ | Executor: _____ |
| <input type="checkbox"/> Revocable Living Trust | Date: _____ | Trustee: _____ |
| <input type="checkbox"/> Power of Attorney - Financial Matters | Representative: _____ | |
| <input type="checkbox"/> Power of Attorney - Health Care | Representative: _____ | |
| <input type="checkbox"/> Guardianship for Minor(s) | Who: _____ | |
| <input type="checkbox"/> Irrevocable Life Insurance Trust (ILIT) | Date: _____ | Trustee: _____ |
| <input type="checkbox"/> Other Trust Arrangements in Place (Describe) | Date: _____ | Trustee: _____ |

Where are these documents located? _____ May we have a copy to ensure safe-keeping? Yes No

Do you have a family member or friend that you would like to discuss your legacy plan with? Yes No

Who: _____ Phone Number: _____

Identify how your current documents distribute your estate: _____

Life Event Checklist

Have you experienced any of the following life events or taken any of the following actions within the last 12 months?

Check all that apply:

- | | |
|---|-------------|
| <input type="checkbox"/> Marriage | Date: _____ |
| <input type="checkbox"/> Adoption | Date: _____ |
| <input type="checkbox"/> Divorce | Date: _____ |
| <input type="checkbox"/> Job Change | Date: _____ |
| <input type="checkbox"/> Death of Beneficiary | Date: _____ |
| <input type="checkbox"/> Purchased Life Insurance | Date: _____ |
| <input type="checkbox"/> Rollover of Qualified Monies | Date: _____ |
| <input type="checkbox"/> Birth of a Child or Grandchild | Date: _____ |
| <input type="checkbox"/> Illness or Incapacitation of a Beneficiary | Date: _____ |

Please note, GPIS Employee Benefits Specialist does not provide tax or legal advice. Please seek professional guidance from your tax or legal professional regarding your specific situation.

GPIS Employee Benefits Specialist
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Beneficiary Designation Checklist

| Financial Vehicle: | Owner | Issuing Company | Policy#/Acct#/Contract# | Primary Beneficiary | Relationship | Contingent Beneficiary | Relationship |
|--------------------------|-------|-----------------|-------------------------|---------------------|--------------|------------------------|--------------|
| Bank Account #1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Bank Account #2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| CDs | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Non-Qualified | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Investment | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Accounts | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| IRA #1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| IRA #2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Roth IRA #1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Roth IRA #2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Employer Sponsored | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Plan #1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Employer Sponsored | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Plan #2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Life Insurance Policy #1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Life Insurance Policy #2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Non-Qualified Annuity | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Client Signature: _____ Date: _____

Financial Professional Signature: _____ Date: _____