

## **Beneficiary Audit Worksheet**

Reviewing the beneficiary designations on your various financial accounts is an excellent way to:

- Ensure that designations are accurate, up-to-date and reflect any recent changes (e.g., marriage or the birth of a child or grandchild)
- Provide a catalyst to explore important estate and legacy issues that you may not have addressed yet with your Financial Professional

Use this form to capture relevant information for each account or policy, and the form on the opposite side to capture information on each individual beneficiary.

| 1                   | ACCOUNT/POLICY INFORMATION |                                   |  |  |                                      |                                       |                  |  |
|---------------------|----------------------------|-----------------------------------|--|--|--------------------------------------|---------------------------------------|------------------|--|
| Your n              | ame                        |                                   |  |  |                                      |                                       | ate (mm/dd/yyyy) |  |
| ACCOL               | INT                        | TYPE<br>(e.g., Roth, Keogh, etc.) | ACCOUNT TITLE<br>(e.g., Bill & Jo Dunn, Joint Ten) | BENEFICIARY<br>(e.g., Katherine Jones) | <b>ASSET VALUE</b> (e.g., \$280,000) | HELD AT<br>(e.g., First Bank & Trust) | COMMENT          |  |
| IRA (1)             |                            |                                   |  |  |                                      |                                       |                  |  |
| IRA (2)             |                            |                                   |  |  |                                      |                                       |                  |  |
| RETIRE<br>(e.g., 40 | MENT ACCT.<br>1(k), etc.)  |                                   |  |  |                                      |                                       |                  |  |
| RETIRE<br>(e.g., 40 | MENT ACCT.<br>1(k), etc.)  |                                   |  |  |                                      |                                       |                  |  |
| RETIRE<br>(e.g., 40 | MENT ACCT.<br>1(k), etc.)  |                                   |  |  |                                      |                                       |                  |  |
| PENSIC              | IN                         |                                   |  |  |                                      |                                       |                  |  |
| INSUR/              | ANCE POLICY                |                                   |  |  |                                      |                                       |                  |  |
| FIXED (<br>VARIAE   | OR<br>SLE ANNUITY          |                                   |  |  |                                      |                                       |                  |  |
| 529 OF<br>Saving    | COLLEGE-<br>S PLAN         |                                   |  |  |                                      |                                       |                  |  |
| OTHER               |                            |                                   |  |  |                                      |                                       |                  |  |

The information in this worksheet is general in nature and intended for informational purposes only. This information does not constitute, and should not be relied upon as, legal or tax advice.

| 2 BENEFICIARY DETAIL                                    |                            |
|---|----------------------------|
| Your name   | Date (mm/dd/yyyy)          |
| BENEFICIARY #1 Name (e.g., Ann T. Jones)                | Relationship (e.g., niece) |
| Date of birth (mm/dd/yyyy) Occupation (e.g., student)   | Social Security Number     |
| Address City  | State ZIP                  |
| Phone number Email address (e.g., atj09554@student.edu) | Contact comments           |
| Other   |                            |
| BENEFICIARY #2 Name (e.g., Ann T. Jones)                | Relationship (e.g., niece) |
| Date of birth (mm/dd/yyyy) Occupation (e.g. student)    | Social Security Number     |
| Address City  | State ZIP                  |
| Phone number Email address (e.g. atj09554@student.edu)  | Contact comments           |
| Other   |                            |
| BENEFICIARY #3 Name (e.g., Ann T. Jones)                | Relationship (e.g., niece) |
| Date of birth (mm/dd/yyyy) Occupation (e.g., student)   | Social Security Number     |
| Address City  | State ZIP                  |
| Phone number Email address (e.g., atj09554@student.edu) | Contact comments           |
| Other   |                            |

Please note: Completing this form is only the first step to documenting a change to a beneficiary. You will also need to contact your Financial Professional (or an appropriate contact) to make the necessary change(s) at any/all relevant financial firms where you currently hold accounts (e.g., brokerage, life insurance).

## All investments involve risk, including loss of principal.

Please consult with your Financial Professional in addition to qualified legal, tax and estate planning professionals should you have questions on the account types or terms referenced in this document and for your own personal circumstances.

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