



**FRANKLIN  
TEMPLETON**

# 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 name

Date (mm/dd/yyyy)

### ACCOUNT

	TYPE (e.g., Roth, Keogh, etc.)	ACCOUNT TITLE (e.g., Bill & Jo Dunn, Joint Ten)	BENEFICIARY (e.g., Katherine Jones)	ASSET VALUE (e.g., \$280,000)	HELD AT (e.g., First Bank & Trust)	COMMENT
IRA (1)						
IRA (2)						
RETIREMENT ACCT. (e.g., 401(k), etc.)						
RETIREMENT ACCT. (e.g., 401(k), etc.)						
RETIREMENT ACCT. (e.g., 401(k), etc.)						
PENSION						
INSURANCE POLICY						
FIXED OR VARIABLE ANNUITY						
529 OR COLLEGE- SAVINGS 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.

INVESTMENT PRODUCTS: Not FDIC Insured | No Bank Gurantee | May Lose Value

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.

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. The matters discussed herein are covered by applicable state law, and the laws of a particular state may differ from the general descriptions provided. Please be sure to consult with your qualified legal, tax and estate planning professionals concerning the materials referenced in this document and for your own personal circumstances. You may also consult with your Financial Professional for further guidance.

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