



Beneficiary Designation

Having an up-to date will is critical to the eventual transfer of your estate. However it doesn't necessarily control the manner in which all your assets will be distributed. That's why the way beneficiaries are named is such an important part of estate planning.

You have designated beneficiaries for specific assets throughout your lifetime. Situations change over time. Periodically reviewing your beneficiary choices is crucial to ensuring your assets wind up with the loved one or charity you intend.

This BENEFICIARY DESIGNATION worksheet is an efficient way to keep your choices up-to-date. Take time to complete the checklist and share a copy with your estate planner and financial advisor. Be sure to update changes with the administrators of your insurance, retirement plan(s) and investment companies. Keep your copy handy and refer to it at least annually, or whenever you, a family member or one of your beneficiaries experiences a life-altering event such as

- ✓ marriage or divorce
- ✓ birth of a child
- ✓ death of a named beneficiary

Regardless of the reason, be sure to contact your financial advisor, life insurance companies and/or the administrators of your various retirement accounts to ensure your choice of beneficiary is updated should you decide to make a change for any reason.

Prepared by: _____

Date prepared: _____

2 Life Insurance

- **Primary Beneficiary** – This is the first beneficiary to inherit the assets.
- **Contingent Beneficiary** – If the first beneficiary is deceased or disclaims the inheritance, the contingent beneficiary will receive the assets.

Insured Name _____ Death Benefit (approximate value) \$ _____

Company _____ Policy # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Insured Name _____ Death Benefit (approximate value) \$ _____

Company _____ Policy # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Insured Name _____ Death Benefit (approximate value) \$ _____

Company _____ Policy # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Insured Name _____ Death Benefit (approximate value) \$ _____

Company _____ Policy # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Insured Name _____ Death Benefit (approximate value) \$ _____

Company _____ Policy # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ____ Zip _____

Retirement Accounts 3

Type of Account: Traditional IRA Roth IRA 401(k) 403(b) 457 Keogh SEP
 Defined Benefit/Pension HSA Other _____

Account Owner _____

Company _____ Account # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Type of Account: Traditional IRA Roth IRA 401(k) 403(b) 457 Keogh SEP
 Defined Benefit/Pension HSA Other _____

Account Owner _____

Company _____ Account # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Type of Account: Traditional IRA Roth IRA 401(k) 403(b) 457 Keogh SEP
 Defined Benefit/Pension HSA Other _____

Account Owner _____

Company _____ Account # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Type of Account: Traditional IRA Roth IRA 401(k) 403(b) 457 Keogh SEP
 Defined Benefit/Pension HSA Other _____

Account Owner _____

Company _____ Account # _____

BENEFICIARY

Primary _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Contingent _____ Address _____

Relationship _____ City _____ State ___ Zip _____

Investments

(other than retirement plans)

- **Primary Beneficiary** – This is the first beneficiary to inherit the assets.
- **Contingent Beneficiary** – If the first beneficiary is deceased or disclaims the inheritance, the contingent beneficiary will receive the assets.

Account Owner _____	Type of Investment _____
Company _____	Account # _____
Advisor Name _____	Advisor Phone (_____) _____ – _____
Advisor Address _____	City _____ State ____ Zip _____
BENEFICIARY Primary _____	Address _____
Relationship _____	City _____ State ____ Zip _____
Contingent _____	Address _____
Relationship _____	City _____ State ____ Zip _____

Account Owner _____	Type of Investment _____
Company _____	Account # _____
Advisor Name _____	Advisor Phone (_____) _____ – _____
Advisor Address _____	City _____ State ____ Zip _____
BENEFICIARY Primary _____	Address _____
Relationship _____	City _____ State ____ Zip _____
Contingent _____	Address _____
Relationship _____	City _____ State ____ Zip _____

Real Estate/Personal Property

Description _____	
BENEFICIARY Primary _____	Address _____
Relationship _____	City _____ State ____ Zip _____
Contingent _____	Address _____
Relationship _____	City _____ State ____ Zip _____

Description _____	
BENEFICIARY Primary _____	Address _____
Relationship _____	City _____ State ____ Zip _____
Contingent _____	Address _____
Relationship _____	City _____ State ____ Zip _____

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