

BENEFICIARY PLANNER

Please take some time to complete the information in this valuable resource guide. Review the information periodically and keep it up-to-date.

Full Name _____

Address _____

City _____ State _____ Zip _____

Social Security No. _____

Date of Birth _____ Place of Birth _____

Single ____ Married ____ Widow/Widower ____ Divorced ____

Name of Spouse _____

Spouse Social Security No. _____

Spouse Date of Birth _____ Place of Birth _____

Number of Children _____

Children's Names:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

About Your Employment:

Actively Working ____ Retired ____

Employer _____

Complete Address _____

About Military Service (if applicable):

If you are a veteran, provide Serial/SSN _____

Branch of Service _____ Rank at Discharge _____

Date and Place of Discharge_____

Location of your Discharge Papers_____

About Your Important Documents:

Do you have a Last Will and Testament? No_____ Yes_____

Where is your Will kept?_____

Do you have a safe deposit box? No_____ Yes_____ Box #_____

Location of safe deposit box (bank, address):_____

Location of box key:_____

Where is your Birth Certificate?_____

Where is your Marriage Certificate?_____

Do you have a Passport? No_____ Yes_____ Location: _____

About Your Insurance (List all life, health, disability, homeowner's, and auto policies):

Where are your policies kept?_____

Insurance Co._____

Type of Policy_____

Address_____

Policy #_____ Amount_____

Phone #_____ Contact_____

Insurance Co._____

Type of Policy_____

Address_____

Policy #_____ Amount_____

Phone #_____ Contact_____

About Your Bank/Credit Union Accounts (List all checking, savings, money market, and certificate of deposit accounts, and add beneficiary to all accounts)

Bank or Credit Union _____

Address _____

Type of Account _____ Account # _____

Phone # _____ Contact _____

Bank or Credit Union _____

Address _____

Type of Account _____ Account # _____

Phone # _____ Contact _____

About Your Investments – Stocks, Bonds and Mutual Funds:

Investment Name: _____

Account # _____

Company or Broker _____

Address _____

Phone # _____ Contact _____

Investment Name: _____

Account # _____

Company or Broker _____

Address _____

Phone # _____ Contact _____

About Your Retirement Investments, Plans and Pensions (Include all IRAs, Annuities, Keoghs, 401(k) Plans, Employee Stock Option Plans, Pensions, and VA Plans):

Plan Type _____ **Account #** _____ **Company** _____

Address _____

Phone # _____ Contact _____

Plan Type _____ **Account #** _____ **Company** _____

Address _____

Phone # _____ Contact _____

Plan Type _____ **Account #** _____ **Company** _____

Address _____

Phone # _____ Contact _____

Plan Type _____ **Account #** _____ **Company** _____

Address _____

Phone # _____ Contact _____

About Your Real Estate:

Primary Residence Rent _____ Own _____

Address _____

Location of Deed _____

Landlord _____ Bank or Mortgage Co. _____

Name _____

Address _____

Phone # _____ Value _____

Amount Owed _____ Monthly Payment _____

Misc. Information _____

Other Real Estate (List all income property, time shares, vacation homes, condos, commercial property, land, and the like):

Property Type _____ **Account #** _____

Company _____

Address _____

Phone # _____ **Contact** _____

Miscellaneous Information _____

Property Type _____ **Account #** _____

Company _____

Address _____

Phone # _____ **Contact** _____

Miscellaneous Information _____

About Your Vehicles (List cars, trucks, boats, RV's, ATV's, etc.):

Vehicle _____ **Make** _____

Model _____ **Year** _____

Loan? No _____ Yes _____ **Lease?** No _____ Yes _____ **Company** _____

Address _____

Misc. Information _____

Vehicle _____ **Make** _____

Model _____ **Year** _____

Loan? No _____ Yes _____ **Lease?** No _____ Yes _____ **Company** _____

Address _____

Misc. Information _____

