



Preparing for the future:

BENEFICIARY

AUDIT

WORKSHEET

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 advisors concerning the materials referenced in this document and for your own personal circumstances. You may also consult with your Financial Professional for further guidance.

Beneficiary audit worksheet



Note:

When filling out these forms, please write above each line.

Last updated (month/date/year)

Why you need to revisit your beneficiary designations

Certain assets pass directly to beneficiaries outside of the will. These accounts include IRAs, company-sponsored retirement plans, transfer-on-death accounts, life insurance policies, annuities, and education savings accounts (including 529 and Coverdell accounts). The financial institution must distribute the assets to the person or institutions named in your contract or account agreement. The beneficiary designations you make on account documents will override any directions made in a will or in trust documents.

Many people establish accounts and give little thought to the beneficiary designation. Over the years, life events such as marriage, divorce, births and deaths may change your beneficiary preferences. That's why you must review these selections to be sure they reflect your current circumstances.

Here are a few tips to consider in reviewing your beneficiary designations:

- Name at least one primary and one contingent beneficiary. If a beneficiary passes away, the assets will pass to the contingent beneficiary.
- Those who have not yet reached the age of majority (i.e., minors) are not eligible to own financial assets. In this case, you may appoint a guardian in your will to oversee these assets until the age of majority (which depends on the state where they live).
- Failure to name a primary or contingent beneficiary may have negative consequences. Should the account have no primary or contingent beneficiary, in case the beneficiaries pre-decease you, or if the account does not name beneficiaries, then the estate itself will become the beneficiary. Assets left to your estate are subject to the probate process and will be distributed in accordance with your will.

In summary, a periodic review of your beneficiary designations and an intentional update based on family events (such as marriage and the birth of children and grandchildren) will ensure that the assets in your retirement plans and other covered accounts will be distributed in a way that is consistent with your current or latest intentions. We recommend updating these any time there has been a significant change in your life — for example, divorce or death.

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).

IRA account 1		
Owner name (first, middle, last)		Website
Name of financial institution		Username
Account #		Password
<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Simple		Phone #
Beneficiary 1		
Beneficiary name (first, middle, last)		Date of birth
Social Security #		Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship
Address		Phone #
City	State	Zip
		Email
Beneficiary 2		
Beneficiary name (first, middle, last)		Date of birth
Social Security #		Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship
Address		Phone #
City	State	Zip
		Email
Beneficiary 3		
Beneficiary name (first, middle, last)		Date of birth
Social Security #		Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship
Address		Phone #
City	State	Zip
		Email

IRA account 2

Owner name (first, middle, last)

Website

Name of financial institution

Username

Account #

Password

Traditional Roth SEP Simple

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

IRA account 3

Owner name (first, middle, last)

Website

Name of financial institution

Username

Account #

Password

Traditional Roth SEP Simple

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

IRA account 4

Owner name (first, middle, last)

Website

Name of financial institution

Username

Account #

Password

Traditional Roth SEP Simple

Phone #

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

Company-sponsored retirement plans

Plan 1

Employer	Owner name (first, middle, last)
Type of plan	Date of birth Social Security #
Account #	Phone #
Website	Email
Username	Address
Password	City State Zip
Phone #	

Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City State Zip		

Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City State Zip		

Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City State Zip		

Plan 2

Employer	Owner name (first, middle, last)
Type of plan	Date of birth Social Security #
Account #	Phone #
Website	Email
Username	Address
Password	City State Zip
Phone #	

Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Transfer-on-death account

A securities account that names a beneficiary as the new owner at the owner's death, usually in accordance with a state's enactment of the Uniform TOD Security Registration Act.

Owner name (first, middle, last)	Website	
Name of financial institution	Username	Password
Account #	Phone #	

Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	Zip

Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	Zip

Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	Zip

Policy 1

Insurance company	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	Address
Password	City State Zip
Phone #	

Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Phone #
Address		Email
City State Zip		

Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Phone #
Address		Email
City State Zip		

Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Phone #
Address		Email
City State Zip		

Policy 2

Insurance company

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Policy 3

Insurance company

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Plan 1

Company <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	Address
Password	City State Zip
Phone #	

Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Plan 2

Company Fixed Variable

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Primary Contingent

Share %

Phone #

Address

Email

City

State

Zip

Plan 3

Company <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	Address
Password	City State Zip
Phone #	

Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	

Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	



College Savings Plan

Accounts

<hr/> Name of financial institution <hr/> Account # <hr/> Owner name (first, middle, last) <hr/> <input type="checkbox"/> Successor/relationship _____	<hr/> Name of beneficiary (first, middle, last) <hr/> Date of birth _____ Social Security # _____ <hr/> Address <hr/> City _____ State _____ Zip _____
<hr/> Name of financial institution <hr/> Account # <hr/> Owner name (first, middle, last) <hr/> <input type="checkbox"/> Successor/relationship _____	<hr/> Name of beneficiary (first, middle, last) <hr/> Date of birth _____ Social Security # _____ <hr/> Address <hr/> City _____ State _____ Zip _____
<hr/> Name of financial institution <hr/> Account # <hr/> Owner name (first, middle, last) <hr/> <input type="checkbox"/> Successor/relationship _____	<hr/> Name of beneficiary (first, middle, last) <hr/> Date of birth _____ Social Security # _____ <hr/> Address <hr/> City _____ State _____ Zip _____
<hr/> Name of financial institution <hr/> Account # <hr/> Owner name (first, middle, last) <hr/> <input type="checkbox"/> Successor/relationship _____	<hr/> Name of beneficiary (first, middle, last) <hr/> Date of birth _____ Social Security # _____ <hr/> Address <hr/> City _____ State _____ Zip _____
<hr/> Name of financial institution <hr/> Account # <hr/> Owner name (first, middle, last) <hr/> <input type="checkbox"/> Successor/relationship _____	<hr/> Name of beneficiary (first, middle, last) <hr/> Date of birth _____ Social Security # _____ <hr/> Address <hr/> City _____ State _____ Zip _____

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All investments involve risk, including possible loss of principal. Stock prices fluctuate, sometimes rapidly and dramatically, due to factors affecting individual companies, particular industries or sectors, or general market conditions. Special risks are associated with foreign investing, including currency fluctuations, economic instability and political developments.

Investors should carefully consider a fund's investment goals, risks, charges and expenses before investing. To obtain a summary prospectus and/or prospectus, which contains this and other information, talk to your financial professional, call us at (800) DIAL BEN/342-5236 or visit franklintempleton.com. Please carefully read a prospectus before you invest or send money.

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