



Annual Life Insurance Policy Review

Specially Prepared For:

Agent Providing Your Beneficiary Review:

Date

Important note

This form is intended to assist policy owners in a review of their arrangements for disposition of their assets upon their death. It is not intended to be estate planning, financial planning, or to offer legal advice. If legal, tax, accounting, or other professional services or advice is needed, the services of a competent professional should be sought.

Instructions to complete form

The purpose of the form is for policy owners and prospective clients to determine if their current beneficiary designations meet their goals.

If current and desired plans do not match, the life insurance professional may assist the client in completing any changes to beneficiary designations, if requested to do so.

Complete all areas that apply.

Strict Confidentiality

The data contained in this form shall be held in strict confidence and may not be shared with any other person, or organization, including legal, tax, or accounting professionals without the prior authorization of the client.

PART ONE: client information

Full name _____

Home address _____

Business address _____

Occupation _____

Approximate annual income _____

Date of birth _____

Have you ever changed your state of residence? Y or N

If yes, when? _____

Are you divorced? Y or N Year of divorce, if applicable _____

Full name of spouse _____

Spouse's date of birth _____

Children of current marriage:

1) Full name _____

Home address _____

Phone _____ Birthdate _____

2) Full name _____

Home address _____

Phone _____ Birthdate _____

3) Full name _____

Home address _____

Phone _____ Birthdate _____

4) Full name _____

Home address _____

Phone _____ Birthdate _____

Children of prior marriage:

1) Full name _____

Home address _____

Phone _____ Birthdate _____

2) Full name _____

Home address _____

Phone _____ Birthdate _____

3) Full name _____

Home address _____

Phone _____ Birthdate _____

4) Full name _____

Home address _____

Phone _____ Birthdate _____

Names and ages of grandchildren

Names of client's parents (if deceased, so indicate)

Name _____

Home address _____

Age _____ Phone No. _____

Names of spouse's parents (if deceased, so indicate)

Name _____

Home address _____

Age _____ Phone No. _____

Other relatives and individuals who are part of your disposition plan

Advisors

Guardians of minor children _____

Address _____

Phone _____

Executors of your will(s) _____

Address _____

Phone _____

Your attorney _____

Address _____

Phone _____

Your accountant _____

Address _____

Phone _____

Financial advisor _____

Address _____

Phone _____

Other _____

What would you like to achieve as a result of this beneficiary review?

PART TWO

Please indicate the beneficiaries or disposition of assets in each category below. Ignore any categories which do not apply to you. If no change of beneficiary is desired, leave the "desired" column blank.

Your Beneficiary Designations

Life Insurance

Company	Face Amount	Length of Contract	Year Issued	Current Primary	Desired Primary	Contingent	Change Needed (Y or N)

Comments and observations _____

Qualified Plans and IRAs

Type of Plan	Employer or Provider	Plan Balance	Current Primary	Desired Primary	Contingent	Change Needed (Y or N)

Comments and observations _____

Deposit Accounts

Name of Bank	Type of Account	Balance	Maturity Date (if any)	Current Primary	Desired Primary	Contingent	Change Needed (Y or N)

Comments and observations _____

Other Investments (stocks, mutual funds, real estate, and other investments)

Type of Investment	Value	Current Primary	Desired Primary	Contingent	Change Needed (Y or N)

Comments and observations _____

YOUR WILL

Do you have a will? Y or N Does your spouse have a will? Y or N
If yes, complete the balance of this section. Otherwise proceed to "YOUR TRUST"

Year will was signed by: Client _____ Spouse _____

Year will was last updated: Client _____ Spouse _____

State in which will was executed: Client _____ Spouse _____

Assets passed by your will – indicate estimated value:

Personal property _____ Real estate _____

Investments _____ Collections _____

Other assets – List key assets and estimated value:

Other will provisions:

Names of guardians _____

Trust created _____

Other _____

Do you own a business interest? Y or N If yes:

Business name and type of business _____

Estimated value owned by you and your spouse _____

Buy and sell arrangement in force? Y or N

Date of buy and sell _____ Last reviewed on _____

Consult your attorney with regard to changes or updating or review of your will or other legal documents.

YOUR TRUST

Do you have a trust? Y or N If yes, complete the balance of this section.
Otherwise proceed to "JOINT TENANCY"

What is the purpose of your trust? _____

Year trust was completed _____ Last reviewed on _____

Name of trust _____

Name of trustee _____

List trust beneficiaries _____

Assets payable to or owned by the trust – List key assets and approximate value:

Consult with your attorney with regard to updating or reviewing your trust.

