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Preparing for the future:

BENEFICIARY

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AUDIT

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WORKSHEET

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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

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### Note:

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

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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.

Finally, completing this beneficiary audit worksheet is the first step. The next step (and the most important one) is to make the necessary changes to your accounts at the relevant financial firms (e.g., life insurance). Be sure to work with your Financial Professional or an appropriate contact to make any and all updates.

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	
Address	Email
City	State
Zip	www.facebook.com/_____
	Insert Facebook ID*
Beneficiary 2	
Beneficiary name (first, middle, last)	Date of birth
Social Security #	Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Address	Email
City	State
Zip	www.facebook.com/_____
	Insert Facebook ID
Beneficiary 3	
Beneficiary name (first, middle, last)	Date of birth
Social Security #	Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Address	Email
City	State
Zip	www.facebook.com/_____
	Insert Facebook ID

\*A Facebook ID is your unique username (e.g., joesmith). If you do not set one up, Facebook will give you an ID that is a series of numbers to differentiate who you are from every other user.

## IRA account 2

Owner name (first, middle, last)

Name of financial institution

Account #

Traditional Roth SEP Simple

Website

Username

Password

Phone #

## Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

Primary Contingent

Address

City

State

Zip

Relationship

Phone #

Email

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

Primary Contingent

Address

City

State

Zip

Relationship

Phone #

Email

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Social Security #

Share %

Primary Contingent

Address

City

State

Zip

Relationship

Phone #

Email

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

### 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

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

### 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

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary Contingent

Address

Email

City

State

Zip

www.facebook.com/\_\_\_\_\_  
Insert Facebook ID



# 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 #	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % Primary Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % Primary Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % Primary Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID



## 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 #	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % Primary Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % Primary Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % Primary Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

## 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 # Primary Contingent	Share %	Phone #
Address		Email
City State Zip		www.facebook.com/ Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # Primary Contingent	Share %	Phone #
Address		Email
City State Zip		www.facebook.com/ Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # Primary Contingent	Share %	Phone #
Address		Email
City State Zip		www.facebook.com/ Insert Facebook ID

### Policy 1

Insurance company

Account #

Website

Username

Password

Phone #

Owner name (first, middle, last)

Date of birth

Social Security #

Phone #

Email

Address

City

State

Zip

www.facebook.com/

Insert Facebook ID

### Beneficiary 1

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary    Contingent

Address

Email

City

State

Zip

www.facebook.com/

Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary    Contingent

Address

Email

City

State

Zip

www.facebook.com/

Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last)

Date of birth

Relationship

Social Security #

Share %

Phone #

Primary    Contingent

Address

Email

City

State

Zip

www.facebook.com/

Insert Facebook ID

## Policy 2

Insurance company	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	Address
Password	City State Zip
Phone #	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Primary Contingent Share %	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Primary Contingent Share %	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Primary Contingent Share %	Phone #
Address	Email
City State Zip	www.facebook.com/ _____ Insert Facebook ID

### Policy 3

Insurance company	Owner name (first, middle, last)
Account #	Date of birth                      Social Security #
Website	Phone #                      Email
Username	Address
Password	City                      State              Zip
Phone #	www.facebook.com/_____ Insert Facebook ID

### Beneficiary 1

Beneficiary name (first, middle, last)                      Date of birth	Relationship
Social Security # Primary      Contingent                      Share %	Phone #
Address	Email
City                      State              Zip	www.facebook.com/_____ Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last)                      Date of birth	Relationship
Social Security # Primary      Contingent                      Share %	Phone #
Address	Email
City                      State              Zip	www.facebook.com/_____ Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last)                      Date of birth	Relationship
Social Security # Primary      Contingent                      Share %	Phone #
Address	Email
City                      State              Zip	www.facebook.com/_____ Insert Facebook ID

## Plan 1

Insurance company	Fixed	Variable	Owner name (first, middle, last)
Account #			Date of birth
Website			Social Security #
Username	Phone #	Email	
Password	Address		
Phone #	City	State	Zip
	www.facebook.com/		Insert Facebook ID

## Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # Primary    Contingent	Share %	Phone #
Address		Email
City	State	Zip
www.facebook.com/		Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # Primary    Contingent	Share %	Phone #
Address		Email
City	State	Zip
www.facebook.com/		Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # Primary    Contingent	Share %	Phone #
Address		Email
City	State	Zip
www.facebook.com/		Insert Facebook ID

## Plan 2

Insurance company	Fixed	Variable	Owner name (first, middle, last)		
Account #			Date of birth	Social Security #	
Website			Phone #	Email	
Username			Address		
Password			City	State	Zip
Phone #			www.facebook.com/_____		Insert Facebook ID

## Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship		
Social Security # Primary    Contingent	Share %	Phone #		
Address		Email		
City	State	Zip	www.facebook.com/_____	Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship		
Social Security # Primary    Contingent	Share %	Phone #		
Address		Email		
City	State	Zip	www.facebook.com/_____	Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship		
Social Security # Primary    Contingent	Share %	Phone #		
Address		Email		
City	State	Zip	www.facebook.com/_____	Insert Facebook ID

**Plan 3**

Insurance company	Fixed	Variable	Owner name (first, middle, last)		
Account #			Date of birth	Social Security #	
Website			Phone #	Email	
Username			Address		
Password			City	State	Zip
Phone #			www.facebook.com/_____		
		Insert Facebook ID			

**Beneficiary 1**

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
Primary	Contingent	
Address		Email
City	State	Zip
		www.facebook.com/_____
		Insert Facebook ID

**Beneficiary 2**

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
Primary	Contingent	
Address		Email
City	State	Zip
		www.facebook.com/_____
		Insert Facebook ID

**Beneficiary 3**

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
Primary	Contingent	
Address		Email
City	State	Zip
		www.facebook.com/_____
		Insert Facebook ID





# 529 College Savings Plan/Coverdell

Accounts	
<hr/> Name of financial institution <hr/> Account # <hr/> Owner name (first, middle, last) 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) 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) 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) 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) 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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Brandywine Global  
Clarion Partners  
ClearBridge Investments  
EnTrustPermal  
Martin Currie  
QS Investors  
RARE Infrastructure  
Royce & Associates  
Western Asset

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