BENEFICIARY AUDIT CHECKLIST Document Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Account/Document Name | Location of Document | Provider Name | Dollar Amount | Primary Beneficiary | Contingent Beneficiary |
| Will | Law office | Xxx Lawyers | N/A | Spouse | Kids |
| Trust | Safe | N/A | N/A | Kids | N/A |
| Term Life | My office | Lincoln | $1,000,000 | Spouse | Kids |
| Whole Life | My office | Penn Mutual | $500,000 | Trust | N/A |
| Variable Life | My office | Nationwide | $250,000 | Spouse | Kids |
| Variable Annuity | My office | Jackson | $112,000 | Spouse | Kids |
| Traditional IRA | My office | Diversified Capital | $183,000 | Church | N/A |
| Roth IRA | My office | Diversified Capital | $28,000 | Spouse | Kids |
| Deferred Compensation | My office | Work | $200,000 | Spouse | Kids |
| Other |  |  |  |  |  |
| Other |  |  |  |  |  |
| Other |  |  |  |  |  |
| Other |  |  |  |  |  |