

BENEFICIARY REVIEW

Name: _____ Date: _____

Will

Service Provider/Telephone Number: _____

Custodian and Account Number: _____

Estate Value/Date: _____

Named Beneficiary(ies):

1. _____ %
2. _____ %
3. _____ %

Named Contingent Beneficiary(ies):

1. _____ %
2. _____ %
3. _____ %

Benefit Type: Per Stirpes Per Capita

Trust

Service Provider/Telephone Number: _____

Custodian and Account Number: _____

Trust Assets/Date: _____

Named Beneficiary(ies):

1. _____ %
2. _____ %
3. _____ %

Named Contingent Beneficiary(ies):

1. _____ %
2. _____ %
3. _____ %

Benefit Type: Per Stirpes Per Capita



251 Najoles Road | Suite G | Millersville, MD 21108 | 410.774.6723 | johnolson@2250financial.com | www.2250financial.com

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Insurance Policy

Service Provider/Telephone Number: _____

Custodian and Account Number: _____

Total Death Benefit/Date: _____

Named Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Named Contingent Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Benefit Type: Per Stirpes Per Capita

Qualified Retirement Plan

Service Provider/Telephone Number: _____

Custodian and Account Number: _____

Plan Value/Date: _____

Named Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Named Contingent Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Benefit Type: Per Stirpes Per Capita

Nonqualified Deferred Compensation Plan

Service Provider/Telephone Number: _____

Custodian and Account Number: _____

Estimated Value/Date: _____

Named Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Named Contingent Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Benefit Type: Per Stirpes Per Capita

Other Employee Benefits

Service Provider/Telephone Number: _____

Custodian and Account Number: _____

Benefit/Date: _____

Named Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Named Contingent Beneficiary(ies):

- 1. _____ %
- 2. _____ %
- 3. _____ %

Benefit Type: Per Stirpes Per Capita