Beneficiary and Personal Representative Designations

Note:
Prepare a form for each person in your household with beneficiaries and personal representatives listed on important financial and legal documents. Review these documents regularly for needed changes.

Name ________________________________________________________________

Date of Preparation/Review ____________________________________________

Legal Documents

Living Will
Date of preparation or last review and/or revision ____________________________
Location of original living will _____________________________________________
Location of copies of living will ____________________________________________
Name(s) of health care proxy(ies) __________________________________________
Name(s) of contingent health care proxy(ies) ________________________________

Note: A health care proxy may also be called a health care representative or a health care surrogate.

Power of Attorney
Type of power of attorney (e.g., durable power of attorney) ______________________
Date of preparation or last review and/or revision ____________________________
Location of original power of attorney document _____________________________
Location of copies of power of attorney document ____________________________
Name(s) of attorney in fact ______________________________________________
Name(s) of contingent attorney in fact ______________________________________

Will
Date of preparation or last review and/or revision ____________________________
Location of original will __________________________________________________
Location of copies of will _________________________________________________
Name(s) of executor(s) __________________________________________________
Name(s) of contingent executor(s) _________________________________________

Financial Documents

Life Insurance
Name of insurance company _________________________________________________
Policy number __________________________________________________________
Name of policy owner _____________________________________________________
Name of the insured ______________________________________________________
Name(s) of beneficiary(ies) ______________________________________________
Name(s) of contingent beneficiary(ies) _______________________________________
Name of insurance company___________________________________________________________
Policy number_______________________________________________________________________
Name of policy owner________________________________________________________________
Name of the insured__________________________________________________________________
Name(s) of beneficiary(ies)____________________________________________________________
Name(s) of contingent beneficiary(ies)___________________________________________________

Name of insurance company___________________________________________________________
Policy number_______________________________________________________________________
Name of policy owner________________________________________________________________
Name of the insured__________________________________________________________________
Name(s) of beneficiary(ies)____________________________________________________________
Name(s) of contingent beneficiary(ies)___________________________________________________

Tax-Deferred Retirement Savings Accounts
Type of account (e.g., IRA, 401(k), SEP, annuity, etc.)_______________________________________
Account custodian (e.g., bank, brokerage firm, etc.)_________________________________________
Account number_____________________________________________________________________
Name(s) of beneficiary(ies)____________________________________________________________
Name(s) of contingent beneficiary(ies)___________________________________________________

Type of account (e.g., IRA, 401(k), SEP, annuity, etc.)_______________________________________
Account custodian (e.g., bank, brokerage firm, etc.)_________________________________________
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Name(s) of beneficiary(ies)____________________________________________________________
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Type of account (e.g., IRA, 401(k), SEP, annuity, etc.)_______________________________________
Account custodian (e.g., bank, brokerage firm, etc.)_________________________________________
Account number_____________________________________________________________________
Name(s) of beneficiary(ies)____________________________________________________________
Name(s) of contingent beneficiary(ies)___________________________________________________
### Other Financial Assets with Beneficiary, Co-ownership, or Survivorship Designations

<table>
<thead>
<tr>
<th>Type of account (e.g., bank account, CD, U.S. savings bonds, etc.)</th>
<th>Account custodian (e.g., bank, U.S. Treasury)</th>
<th>Account number</th>
<th>Name(s) of owner or co-owners</th>
<th>Name(s) of beneficiary(ies), if any</th>
<th>Name(s) of contingent beneficiary(ies), if any</th>
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### Miscellaneous Notes