

# Beneficiary Audit Checklist

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Document or Asset	Document Location	Firm or Service Provider	Estimated Dollar Value	Beneficiary or Beneficiaries
Will				
Trust				
Life Insurance Policy				
Qualified Retirement Plan				
Traditional IRA				
Roth IRA				
Annuity				
Nonqualified Deferred Compensation Plan				
_____ Other 1				
_____ Other 2				
_____ Other 3				
_____ Other 4				
_____ Other 5				
_____ Other 6				
_____ Other 7				
_____ Other 8				