



### Potential "Individual" and "Charitable" Beneficiaries Questionnaire

SECTION 1: Potential "Individual" Beneficiaries - Identify all potential individual beneficiaries of your estate (e.g. children and grandchildren). Also, identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this form is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. SECTION 2: Potential "Charitable" Beneficiaries - Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

#### SECTION 1: Potential "Individual" Beneficiaries

##### Beneficiary Designation #1

Full Legal Name \*

Relationship to Client \*

Date of Birth \*

Address, City, State, Zip \*

Phone Number \*

Marital Status

- Single
- Married
- Divorced/Separated
- Widowed

If married, what is their spouse's name?

If applicable, please list their children (name and age):

##### Beneficiary Designation #2

Full Legal Name

Relationship to client:

Date of Birth

[Empty text input field]

**Address, City, State, Zip**

[Empty text input field]

**Phone Number**

[Empty text input field]

**Marital Status**

- Single
- Married
- Divorced/Separated
- Widowed

**If married, what is their spouse's name?**

[Empty text input field]

**If applicable, please list their children (name and age):**

[Empty text input field]

### Beneficiary Designation #3

**Full Legal Name**

[Empty text input field]

**Relationship to Client:**

[Empty text input field]

**Date of Birth**

[Empty text input field]

**Address, City, State, Zip**

[Empty text input field]

**Phone Number**

[Empty text input field]

**Marital Status**

- Single
- Married
- Divorced/Separated
- Widowed

**If married, what is their spouse's name?**

[Empty text input field]

**If applicable, please list their children (name and age):**

[Empty text input field]

### Beneficiary Designation #4

**Full Legal Name**

[Empty text input field]

**Relationship to Client:**

**Date of Birth**

**Address, City, State, Zip**

**Phone Number**

**Marital status**

- Single
- Married
- Divorced/Separated
- Widowed

**If married, what is their spouse's name?**

**If applicable, please list their children (name and age):**

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**Beneficiary Designation #5**

**Full Legal Name**

**Relayionship to Client:**

**Date of Birth**

**Address, City, State, Zip**

**Phone Number**

**Marital Status**

- Single
- Married
- Divorced/Separated
- Widowed

**If married, what is their spouse's name?**

**If applicable, please list their children (name and age):**

## General Concerns

Are you concerned with any of your beneficiaries/children's ability to get along with one another? \*

Yes  No

Do any of your beneficiary designations have any special needs and/or mental/physical disabilities? \*

Yes  No

If yes, please detail.

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## SECTION 2: Potential "Charitable" Beneficiaries

Name of Charity or Non-Profit Organization

Address

Name of Charity or Non-Profit Organization

Address

Name of Charity or Non-Profit Organization

Address