Beneficiary Designation Form	
I, [],	
residing at [
1. Life Insurance Policies:	
Policy Number: []	
 Primary Beneficiary: [
Policy Number: []	
Primary Beneficiary: [
2. Retirement Accounts:	
Account Type: [IRA, 401(k), etc.]	
Primary Beneficiary: [
Account Type: [IRA, 401(k), etc.]	
 Primary Beneficiary: [
Account Type: [Savings, Checking, etc.]	
Primary Beneficiary: [
Account Type: [Savings, Checking, etc.]	
Primary Beneficiary: [
Account Type: [Savings, Checking, etc.]	
Primary Beneficiary: [

Account Type: [Savings, Checking, etc.]	
Primary Beneficiary: []Contingent Beneficiary: []	
4. Investment Accounts:	
Account Type: [Brokerage, Mutual Funds, etc.]	
Primary Beneficiary: [
Account Type: [Brokerage, Mutual Funds, etc.] • Primary Beneficiary: [] • Contingent Beneficiary: []	
Account Type: [Brokerage, Mutual Funds, etc.]	
Primary Beneficiary: []Contingent Beneficiary: []	
5. Other Assets:	
Description of Asset: [Description, e.g., Real Estate, Vehicle, etc.]	
 Primary Beneficiary: [
Description of Asset: [Description, e.g., Real Estate, Vehicle, etc.]	
 Primary Beneficiary: [] Contingent Beneficiary: [] 	
Description of Asset: [Description, e.g., Real Estate, Vehicle, etc.]	
 Primary Beneficiary: [] Contingent Beneficiary: [] Successor Beneficiary: 	

In the event that a designated primary beneficiary is unable or unwilling to receive the assets, I designate the following individual as the successor beneficiary:

Successor Beneficiary: [Successor Beneficiary's Full Legal Name]
7. Signatures:
I have executed this Beneficiary Designation Form
on this [Date]
day of [Month, Year /].
[Your Full Legal Name]
Date: [Date]
[Witness 1 Name]
[Witness 1 Signature]
[Witness 2 Name]
[Witness 2 Signature]