

# What you need to know about beneficiary designations



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## Why you need to update your beneficiaries

Accounts that carry a beneficiary designation offer one of the simplest and most direct ways to efficiently get assets into the hands of loved ones after your death—but only if you have completed the paperwork properly and the information is up-to-date.

To ensure that your beneficiary designations meet your specific needs and address any requirements of your state law, you should obtain guidance from your attorney or estate planning professional when deciding upon the appropriate designations.

Your accounts that have beneficiaries are probably more numerous than you realize. They include IRAs, company-sponsored retirement plans, life insurance policies, Coverdell Education Savings Accounts and annuities, as well as "in trust for" and "pay on death" accounts. In many cases, these accounts will make up much—if not most—of your estate.

Designating a beneficiary typically avoids the need for the assets to pass through the probate process. It is essential for you to review and update the beneficiary designations on all of your accounts on a regular basis and whenever you have a major change in your personal circumstances such as a divorce, marriage, adoption, the death of a spouse or birth of a child.

If you were married when you opened these accounts, you probably named your spouse as your beneficiary. If you were unmarried at the time, you might have named a parent or sibling. Since then, years may have passed without further thought about whether your initial beneficiary designations are still appropriate.

Unless you change the beneficiaries named on your accounts, your assets could pass to beneficiaries who are no longer appropriate—an ex-spouse, for instance.



### Use a contingent beneficiary as back-up

When reviewing the primary beneficiary(ies) of your accounts, make sure you have also named a contingent beneficiary(ies). Contingent beneficiaries are the individuals or institutions who will receive your assets if your primary beneficiary(ies) predeceased you or disclaimed part or all of your account. (Disclaiming is an estate planning strategy that gives the primary beneficiary(ies) the flexibility to refuse all or a portion of the inherited account, with the remainder passing to the contingent beneficiary(ies) named by the account owner prior to death).

The Inventory Worksheet contained in this brochure is provided for personal use only. If you have a retirement plan with Fiduciary Trust International of the South (part of the Franklin Templeton organization) as custodian and would like to change your beneficiary of record, please visit franklintempleton.com (click the "Forms and Literature" tab, search for "beneficiary") or call (800) 527-2020 to obtain the appropriate beneficiary designation form for your Franklin Templeton retirement plan. If your accounts are held at another financial institution, please contact the respective institution to obtain the appropriate beneficiary designation form.

### Minors as beneficiaries

Take care when naming a minor as your beneficiary. If you wish to leave certain assets to young children, such as grandchildren, a guardian may need to be involved until the beneficiary is no longer considered a minor.

### **Estate as beneficiary**

If you don't have a primary beneficiary(ies) or contingent beneficiary(ies) on your accounts—either because the individuals you named have died or because you simply never specified anyone—your estate may become the beneficiary (depending on the plan document/account agreement).

Assets left to your estate are subject to the delays and costs of probate. They will be distributed according to the terms of your will. If you don't have a will, state law determines who receives your assets. Heirs or creditors may contest the division of property, further delaying its distribution.

### **Trust as beneficiary**

While naming a trust as the beneficiary of your account may seem like a simple solution, it may actually add a level of complexity when it comes to IRAs. If you want the beneficiaries of your trust to be able to stretch out the distributions from your IRA over their life expectancies, your trust has to meet very specific requirements. Among other things, all the beneficiaries of your trust must be people. You should not commingle individuals and institutions, such as a charity, school or hospital.

It's important that your estate-planning attorney be experienced in drafting a trust that will accomplish your goals.

### 529 Plans: similar but different

A different, but related, issue is posed by 529 Savings Plans. If you are the account owner for a minor, your death will not affect the designation of beneficiary. However, you should appoint someone you trust who can take over as successor account owner. This position is important because only the account owner of a 529 Plan can change the beneficiary and authorize distributions.

### Take a minute to protect a lifetime of saving

For your own peace of mind and the well-being of your loved ones, use the enclosed inventory worksheet to list the beneficiaries on your accounts, making sure the information is both current and correct. The primary and contingent beneficiaries may vary depending upon the asset.

Once you have completed the inventory, you'll need only a few minutes each year to review and make changes.



### **Please note:**

To ensure that beneficiary changes are legally binding, you will need to submit them to the appropriate account custodian, plan administrator, or insurance company using the forms and procedures each requires.

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### Information needed

To ensure a complete inventory of beneficiary information, please gather this information for all accounts, including those that are not currently serviced by your financial professional.

**IRAs** (Traditional and Roth) Contact your IRA custodian (examples: bank, mutual fund company or brokerage firm where you have your IRA account).

Account owner/Name on account

1.	
2.	
3.	

### **COMPANY-SPONSORED RETIREMENT PLANS** (examples: 401(k), 403(b), 457, SEP-IRA, SIMPLE-IRA, pension, Keogh) If you can't find this information on the annual statement, contact your plan administrator.

Account owner/Name on account

1.	
2.	
3.	

### LIFE INSURANCE

Owner			
1.			
2.			
3.			

#### **ANNUITIES**

Owner		
1.		
2.		

### **COLLEGE SAVINGS PLANS**

### **Beneficiary account inventory worksheet**

This worksheet is for inventory purpose only. This worksheet does not replace a beneficiary designation form. Contact each financial institution to obtain the instructions and forms necessary to designate or change your beneficiary(ies) at that financial institution.

#### **IRAs** (Traditional and Roth)

NAME OF FINANCIAL INSTITUTION		TRADITIONAL     ROTH	
First name	M.I. Last name	Date of birth Date of birth Share	(mm/dd/yyyy)         SSN/TIN           Phone number
Contingent		City	Zo     State     ZIP
First name	M.I. Last name		(mm/dd/yyyy) SSN/TIN
Primary Relationship     Contingent Address		Share	Phone number       %     (       %     State
First name	M.I. Last name	Date of birth	(mm/dd/yyyy) SSN/TIN
Contingent		City	% (
NAME OF FINANCIAL INSTITUTION		TRADITIONAL      ROTH	OWNER NAME
First name	ACCOUNT NUMBER	Date of birth	(mm/dd/yyyy) SSN/TIN
		П ВОТН	
First name         Primary       Relationship         Contingent		Date of birth Date of birth Share City	Imm/dd/yyyy)       SSN/TIN         Phone number       Phone number         %       (         State       ZIP         Imm/dd/yyyy)       SSN/TIN         Phone number       Phone number         Phone number       Phone number
First name Primary Contingent Address First name First name	M.I. Last name	City	Imm/dd/yyyy)       SSN/TIN         Phone number       Imm/dd/yyyy)         %       (         State       ZIP         Imm/dd/yyyy)       SSN/TIN         Imm/dd/yyyy)       SSN/TIN
First name         Primary       Relationship         Contingent	M.I. Last name	City City City City City City City City	Imm/dd/yyyy)       SSN/TIN         Phone number       Phone number         %       ()         State       ZIP         Imm/dd/yyyy)       SSN/TIN         Phone number          %       (         Phone number          %       (         Y          Y          Y       Y

For IRAs with Fiduciary Trust International of the South, please visit franklintempleton.com to access required forms for beneficiary designation changes.

### **IRAs** (Traditional and Roth)

**BENEFICIARY DESIGNATION WORKSHEET** 

**BENEFICIARY DESIGNATION WORKSHEET** 

NAME OF FINANCIAL INSTITUTION		TRADITIONAL ROTH	
First name	M.I. Last name		(mm/dd/yyyy) SSN/TIN
Primary     Relationship     Contingent Address		Share	Phone number ( ) State ZIP
First name	M.I. Last name	Date of birth Share	(mm/dd/yyyy) SSN/TIN      Phone number
Primary Relationship     Contingent Address		City	% () State ZIP
First name	M.I. Last name	Date of birth	(mm/dd/yyyy) SSN/TIN
Primary Relationship		Share	Phone number
ContingentAddress		City	% ( ) State ZIP
		TRADITIONAL ROTH	
First name	ACCOUNT NUMBER	Date of birth	(mm/dd/yyyy) SSN/TIN
First name First name Primary Contingent Address	M.I. Last name	Date of birth Date of birth Share City	(mm/dd/yyyy)     SSN/TIN       Phone number
First name         Primary       Relationship         Contingent		City	Imm/dd/yyyy)       SSN/TIN         Phone number       Imm/dd/yyyy)         %       ()         State       ZIP         Imm/dd/yyyy)       SSN/TIN         Imm/dd/yyyy)       SSN/TIN
First name First name Primary Contingent Address	M.I. Last name	Date of birth Date of birth Share City	(mm/dd/yyyy)     SSN/TIN       Phone number
First name         Primary       Relationship         Contingent	M.I. Last name	City City City City City City City City	Imm/dd/yyyy)       SSN/TIN         Phone number       Phone number         %       ()         State       ZIP         Imm/dd/yyyy)       SSN/TIN         Phone number
First name         Primary       Relationship         Contingent       Address         First name       Primary         Primary       Relationship         Contingent       Address         First name       First name         First name       First name	M.I. Last name	City City City Date of birth	Imm/dd/yyyy)       SSN/TIN         Phone number       Phone number         %       ()         State       ZIP         Imm/dd/yyyy)       SSN/TIN         Phone number
First name         Primary       Relationship         Contingent	M.I. Last name	City City City City City City City City	Imm/dd/yyyy)       SSN/TIN         Phone number       Phone number         %       ()         State       ZIP         Imm/dd/yyyy)       SSN/TIN         Phone number

### COMPANY-SPONSORED RETIREMENT PLANS (Examples: 401(k), 403(b), 457, SEP-IRA, SIMPLE-IRA, pension, Keogh)

EMPLOYER NAME		OWNER NAME	ACCOUNT NUMBER
TYPE OF PLAN		EMPLOYER PHONE NUMBER	
First name	M.I.	Last name	Date of birth (mm/dd/yyyy)     SSN/TIN       Share     Phone number
Primary Contingent Address		City	State ZIP
First name	M.I.	Last name	Date of birth (mm/dd/yyyy)     SSN/TIN       SSN/TIN     SSN/TIN       Share     Phone number
Contingent Address		City	%   (     State   ZIP
First name	M.I.	Last name	Date of birth (mm/dd/yyyy)     SSN/TIN       Share     Phone number
Contingent Address		City	%     (     )         State     ZIP
EMPLOYER NAME		OWNER NAME	ACCOUNT NUMBER
EMPLOYER NAME		OWNER NAME	
TYPE OF PLAN           First name			
TYPE OF PLAN	M.I. Relationship	EMPLOYER PHONE NUMBER	
TYPE OF PLAN         First name         Primary         Contingent         Address	Relationship	EMPLOYER PHONE NUMBER	Date of birth (mm/dd/yyyy) SSN/TIN  Date of birth (mm/dd/yyyy) SSN/TIN  Share Phone number  ()  State ZIP  State ZIP
TYPE OF PLAN         First name         Primary         Contingent         Address         First name	Relationship	EMPLOYER PHONE NUMBER	Date of birth (mm/dd/yyyy)       SSN/TIN         Share       Phone number         %       (         State       ZIP         Date of birth (mm/dd/yyyy)       SSN/TIN
TYPE OF PLAN         First name         Primary         Contingent         Address	Relationship	EMPLOYER PHONE NUMBER	Date of birth (mm/dd/yyyy) SSN/TIN  Date of birth (mm/dd/yyyy) SSN/TIN  Share Phone number  ()  State ZIP  State ZIP
TYPE OF PLAN         First name         Primary         Contingent         Address         First name         Primary         Contingent	Relationship	EMPLOYER PHONE NUMBER	Date of birth (mm/dd/yyyy)       SSN/TIN         Date of birth (mm/dd/yyyy)       SSN/TIN         Share       Phone number         %       (         Date of birth (mm/dd/yyyy)       SSN/TIN         Date of birth (mm/dd/yyyy)       SSN/TIN         Share       Phone number         Share       Phone number         %       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (         )       (
TYPE OF PLAN         First name         Primary         Contingent         Address         First name         Oringent         Address         Ontingent         Address	Relationship M.I. Relationship	EMPLOYER PHONE NUMBER Last name Last name Last name City City City City City	Date of birth (mm/dd/yyyy) SSN/TIN   Share Phone number   % ()   Date of birth (mm/dd/yyyy) SSN/TIN Date of birth (mm/dd/yyyy) SSN/TIN State ZIP Date of birth (mm/dd/yyyy) SSN/TIN State ZIP State ZIP State ZIP

For IRAs with Fiduciary Trust International of the South, please visit franklintempleton.com to access required forms for beneficiary designation changes.

**BENEFICIARY DESIGNATION WORKSHEET** 

### LIFE INSURANCE

**BENEFICIARY DESIGNATION WORKSHEET** 

INSURANCE COMPANY		POLICY NUMBER
First name	M.I. Last name	Date of birth (mm/dd/yyyy)         SSN/TIN
Primary Relationsh Contingent Address		Share     Phone number       %     (       City     State
First name	M.I. Last name	Date of birth (mm/dd/yyyy) SSN/TIN
Primary     Relationsh     Contingent	ip	Share         Phone number           %         (
Address		City State ZIP
First name	M.I. Last name	Date of birth (mm/dd/yyyy)         SSN/TIN                       Share         Phone number
Primary Relationsh     Contingent Address		City State ZIP
INSURANCE COMPANY	OWNER NAME	POLICY NUMBER
First name	M.I. Last name	Date of birth (mm/dd/yyyy)         SSN/TIN
	M.I. Last name	
First name First name Primary Contingent Address	M.I. Last name	Date of birth (mm/dd/yyyy) SSN/TIN  Date of birth (mm/dd/yyyy) SSN/TIN  Share Phone number  % ( )  City State ZIP
First name         Primary       Relationsh         Contingent	M.I. Last name	Date of birth (mm/dd/yyyy) SSN/TIN Share Phone number % ( ) City State ZIP Date of birth (mm/dd/yyyy) SSN/TIN Date of birth (mm/dd/yyyy) SSN/TIN
First name First name Contingent Address First name First name	M.I. Last name	Date of birth (mm/dd/yyyy) SSN/TIN
First name         Primary       Relationsh         Contingent       Address         First name	M.I. Last name	Date of birth (mm/dd/yyyy)       SSN/TIN         Share       Phone number         %       (         City       State         ZIP         Date of birth (mm/dd/yyyy)         SSN/TIN         Share         Phone number         %         (         %         (         Share         Phone number         Share         Phone number         %         (         )

**BENEFICIARY DESIGNATION WORKSHEET** 

### **ANNUITIES**

	OMPANY	OWNER NAME	POLICY NUMBER
	VARIABLE (CHECK ONE)		
First name	M.I. Relationship	Last name Date of I Share City	birth (mm/dd/yyyy) SSN/TIN Phone number ( State ZIP
First name	Relationship	Last name Date of I	Dirth (mm/dd/yyyy) SSN/TIN Phone number () State ZIP
First name Primary Contingent Address	Relationship	Last name Date of H	birth (mm/dd/yyyy)     SSN/TIN       Phone number
	DMPANY		
			POLICY NUMBER         birth (mm/dd/yyyy)       SSN/TIN         Phone number         %       ()         State       ZIP
First name Primary Contingent		Last name Date of t	birth (mm/dd/yyyy)     SSN/TIN       Phone number

**BENEFICIARY DESIGNATION WORKSHEET** 

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### COLLEGE SAVINGS PLANS (Example: 529 Account)

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	OWNER NAME
First name N	I.I. Last name	Date of birth (mm/dd/yyyy)         SSN/TIN
Successor Relationship		Share Phone number
Address	City	State ZIP
NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	OWNER NAME
	ACCOUNT NUMBER	OWNER NAME           Date of birth (mm/dd/yyyy)         SSN/TIN

### **COVERDELL EDUCATIONAL SAVINGS ACCOUNT**

NAME OF FINANO	CIAL INSTITUTION	ACCOUNT NUMBER	
First name		M.I. Last name	Date of birth (mm/dd/yyyy) SSN/TIN
Primary	Relationship		Share         Phone number           %         (
Address			City State ZIP
First name		M.I. Last name	Date of birth (mm/dd/yyyy) SSN/TIN
Primary Contingent	Relationship		Share Phone number
Address			City State ZIP
First name		M.I. Last name	Date of birth (mm/dd/yyyy) SSN/TIN
Primary Contingent	Relationship		Share Phone number
Address			City State ZIP

Name

**BENEFICIARY DESIGNATION WORKSHEET** 

Date

### ACCOUNTANT/TAX PROFESSIONAL

First name	Last name	Phone number
Firm name		
Address	City	State ZIP

### ATTORNEY/LEGAL COUNSEL

First name	Last name	Phone number
		( )
Firm name		
Address	City	State ZIP

### **ESTATE PLANNING ATTORNEY**

First name	Last name	Phone number
Firm name		
Address	City	State ZIP
Location of will		

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