



**American
General**
Life Companies

Where will your assets go?

Hypothetical situation reveals the benefits of completing your beneficiary review

Most people have a good idea who they want to name as beneficiaries, but often, many fail to keep beneficiary designations in step with their intentions. Marital changes and changes to family status may require a change to your current beneficiary designations. If no contingent beneficiary is named and the primary beneficiary predeceases you, then payments would likely be made to your estate, creating unnecessary delays and expenses.



Are your beneficiary designations up-to-date? All of them? Are you sure?

It was a second marriage for both Jim and Mary. Jim had a son from a previous marriage while Mary had two daughters. They knew it was important to plan for the disposition of their assets. In fact, they named each other as beneficiaries of their pension plans and bank accounts, and purchased their home as joint tenants.

Unfortunately, they never got around to creating simple wills or designating contingent beneficiaries before the unthinkable happened: both were killed following a head-on car collision. Jim survived Mary by 10 days. Therefore, the house and all of their qualified assets, savings account and investments were distributed to Jim's son. Mary's daughters were left with nothing.

With a beneficiary review, your insurance professional can help identify potential problems and suggest ways to solve them.

Getting started

A beneficiary review is an easy yet vital process. The first step is to identify your insurance policies and other financial assets and determine how they will be distributed upon your death.

Next, for each asset, you should decide whether or not the current beneficiary designation still meets your goals. Have you named a contingent beneficiary, where appropriate? If the answer is no, then your insurance professional can help.

To begin a beneficiary review, consult the professional who provided this brochure to you. He or she will assist you in completing a beneficiary review form and in determining whether your current beneficiary designations continue to meet your goals.

A beneficiary omission may cause unnecessary probate costs and serious delays in the distribution of your assets. If your beneficiary designations are out-of-date, you may not be passing property according to your current intentions. With a beneficiary review, we can help you identify potential problems and suggest ways to solve them.

Important note: The purpose of a beneficiary review is to assist policy owners in reviewing their assets and determining how they will be distributed upon their death. It is not intended to be estate planning, financial planning, or to offer legal or tax advice. If legal, tax, or other professional services or advice are needed, the services of a competent professional should be sought as applicable state laws and/or regulations may impact your beneficiary designations.



Beneficiary Review Financial Journal

Specially Prepared For

Financial Professional Providing Your Beneficiary Review

Date

Instructions for completion of this form

The purpose of the beneficiary data form is for policy owners and prospective clients to determine if their current beneficiary designations meet their goals. If current and desired plans do not match, the life insurance professional may assist the client in completing any changes to beneficiary designations, if requested to do so. Complete all areas that apply.

Strict Confidentiality

The data contained in this form shall be held in strict confidence and may not be shared with any other person, or organization, including legal, tax, or accounting professionals, without the prior authorization of the client.

Client Information

Client information:

Full name _____

Home address _____

Business address _____

Occupation _____

Approximate annual income _____

Date of birth _____

Have you ever changed your state of residence? Y or N

If yes, when? _____

Are you divorced? Y or N Year of divorce, if applicable _____

Full name of spouse _____

Spouse's date of birth _____

Children of current marriage:

1) Full name _____

Home address _____

Phone _____ Birthdate _____

2) Full name _____

Home address _____

Phone _____ Birthdate _____

3) Full name _____

Home address _____

Phone _____ Birthdate _____

4) Full name _____

Home address _____

Phone _____ Birthdate _____

Children of prior marriage:

1) Full name _____

Home address _____

Phone _____ Birthdate _____

2) Full name _____

Home address _____

Phone _____ Birthdate _____

3) Full name _____

Home address _____

Phone _____ Birthdate _____

4) Full name _____

Home address _____

Phone _____ Birthdate _____

Names and ages of grandchildren

Names of client's parents (if deceased, so indicate)

Name _____
Home address _____
Age _____ Phone No. _____

Names of spouse's parents (if deceased, so indicate)

Name _____
Home address _____
Age _____ Phone No. _____

Other relatives and individuals who are part of your disposition plan

Advisors

Guardians of minor children _____
Address _____ Phone No. _____

Executors of your will(s) _____
Address _____ Phone No. _____

Your attorney _____
Address _____ Phone No. _____

Your accountant _____
Address _____ Phone No. _____

Financial advisor _____
Address _____ Phone No. _____

Other _____

What would you like to achieve as a result of this beneficiary review?

Your Beneficiary Designations

Please indicate the beneficiaries or disposition of assets in each category below. Ignore any categories that do not apply to you. If no change of beneficiary is desired, leave the "desired" column blank.

Life Insurance

| <i>Example</i> ↳ | Company | Face Amount | Length of Contract | Year Issued |
|---------------------|------------------|--------------------|---------------------------|--------------------|
| | Any Company Life | \$100,000 | 10 yr. term | 2001 |
| | | | | |
| | | | | |
| | | | | |

Comments and observations _____

Qualified Plans and IRAs

| <i>Example</i> ↳ | Type of Plan | Employer or Provider | Plan Balance |
|---------------------|---------------------|-----------------------------|---------------------|
| | 401(k) | ABC Corporation | \$100,000 |
| | | | |
| | | | |
| | | | |

Comments and observations _____

Deposit Accounts

| <i>Example</i> ↳ | Name of Bank | Type of Account | Balance | Maturity Date (if any) |
|---------------------|---------------------|------------------------|----------------|-------------------------------|
| | Bank of Prosperity | CD | \$100,000 | 12/2012 |
| | | | | |
| | | | | |
| | | | | |

Comments and observations _____

Other Investments (stocks, mutual funds, real estate, and other investments)

| <i>Example</i> ↳ | Type of Investment | Value | Current Primary |
|---------------------|---------------------------|--------------|------------------------|
| | Mutual Fund | \$100,000 | Wife |
| | | | |
| | | | |
| | | | |

Comments and observations _____

| Current Primary | Desired Primary | Contingent | Change Needed (Y or N) |
|------------------------|------------------------|-------------------|-------------------------------|
| Wife | Same | None | Y |
| | | | |
| | | | |
| | | | |

| Current Primary | Desired Primary | Contingent | Change Needed (Y or N) |
|------------------------|------------------------|-------------------|-------------------------------|
| Not sure | Wife | None | Y |
| | | | |
| | | | |
| | | | |

| Current Primary | Desired Primary | Contingent | Change Needed (Y or N) |
|------------------------|------------------------|-------------------|-------------------------------|
| Wife | Wife | None | Y |
| | | | |
| | | | |
| | | | |

| Desired Primary | Contingent | Change Needed (Y or N) |
|------------------------|-------------------|-------------------------------|
| Wife | None | Y |
| | | |
| | | |
| | | |

Will and Trusts

Your Will

Do you have a will? Y or N Does your spouse have a will? Y or N

If yes, complete the balance of this section. Otherwise proceed to "Your Trust":

Year will was signed by: Client _____ Spouse _____

Year will was last updated: Client _____ Spouse _____

State in which will was executed: Client _____ Spouse _____

Assets passed by your will – indicate estimated value:

Personal property _____ Real estate _____

Investments _____ Collections _____

Other assets – list key assets and estimated value:

Other will provisions:

Names of guardians _____

Trust created _____

Other _____

Do you own a business interest? Y or N If yes:

Business name and type of business _____

Estimated value owned by you and your spouse _____

Buy and sell arrangement in force? Y or N Date of buy and sell _____ Last reviewed on _____

Consult your attorney with regard to changes or updating or review of your will and/or other legal documents.

Your Trust

Do you have a trust? Y or N If yes, complete the balance of this section. Otherwise proceed to "Joint Tenancy":

What is the purpose of your trust? _____

Year trust was completed _____ Last reviewed on _____

Name of trust _____ Name of trustee _____

List trust beneficiaries _____

Assets payable to or owned by the trust – list key assets and approximate value: _____

Consult with your attorney with regard to updating or reviewing your trust.

Joint Tenancy

Joint Tenancy

List all property owned jointly with others:

| Property Description | Approximate Value | Names of Joint Owners | Change Needed (Y or N) |
|----------------------|-------------------|-----------------------|------------------------|
| Residence | \$400,000 | Husband and Wife | N |
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Comments and observations _____

Other Information

This space is for any other information which may be relevant to the beneficiary review.

American General Life Companies

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