



National Life
Group®

Beneficiary Information

WORKBOOK

Use this workbook to bring together relevant details about the beneficiaries of your accounts and policies to help continue your legacy.

Owner Name: _____ Date: _____

Financial Representative: _____

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest, Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. Life Insurance Company of the Southwest is not an authorized insurer in New York and does not conduct insurance business in New York.

Securities and advice regarding securities can be offered solely by representatives registered to offer such products or services through a broker/dealer or registered investment adviser.

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Individual Retirement Accounts (IRAs)

Account 1

Financial Institution _____

Phone _____

Website _____

Username/Password _____

Account Number _____

Account Type: ☐ Traditional IRA ☐ Roth IRA ☐ Other

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Account 2

Financial Institution _____

Phone _____

Website _____

Username/Password _____

Account Number _____

Account Type: ☐ Traditional IRA ☐ Roth IRA ☐ Other

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Company-Sponsored Retirement Plans

Account 1

Employer

Plan Type

Phone

Website

Username/Password

Account

Beneficiary 1

Name

Address

Phone

Email

Date of Birth

Social Security

Relationship

Share %

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name

Address

Phone

Email

Date of Birth

Social Security

Relationship

Share %

Check One: ☐ Primary ☐ Contingent

Account 2

Employer

Plan Type

Phone

Website

Username/Password

Account

Beneficiary 1

Name

Address

Phone

Email

Date of Birth

Social Security

Relationship

Share %

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name

Address

Phone

Email

Date of Birth

Social Security

Relationship

Share %

Check One: ☐ Primary ☐ Contingent

Investment Accounts

Account 1

Financial Institution _____

Phone _____

Website _____

Username/Password _____

Account _____

Check One: ☐ Individual ☐ Joint ☐ other

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Account 2

Financial Institution _____

Phone _____

Website _____

Username/Password _____

Account _____

Check One: ☐ Individual ☐ Joint ☐ other

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Life Insurance

Account 1

Insurance Company _____

Policy Type _____

Phone _____

Website _____

Username/Password _____

Account _____

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Account 2

Insurance Company _____

Policy Type _____

Phone _____

Website _____

Username/Password _____

Account _____

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Annuities

Account 1

Insurance Company _____

Policy Type _____

Phone _____

Website _____

Username/Password _____

Account _____

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Account 2

Insurance Company _____

Policy Type _____

Phone _____

Website _____

Username/Password _____

Account _____

Beneficiary 1

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Beneficiary 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Social Security _____

Relationship _____

Share % _____

Check One: ☐ Primary ☐ Contingent

Savings Accounts

Account 1

Financial Institution _____	Beneficiary Name _____
Account Number _____	Date of Birth _____
Account Type: <input type="checkbox"/> Personal Savings <input type="checkbox"/> College Savings Plan	Social Security _____
	Address _____

Account 2

Financial Institution _____	Beneficiary Name _____
Account Number _____	Date of Birth _____
Account Type: <input type="checkbox"/> Personal Savings <input type="checkbox"/> College Savings Plan	Social Security _____
	Address _____

Account 3

Financial Institution _____	Beneficiary Name _____
Account Number _____	Date of Birth _____
Account Type: <input type="checkbox"/> Personal Savings <input type="checkbox"/> College Savings Plan	Social Security _____
	Address _____

Account 4

Financial Institution _____	Beneficiary Name _____
Account Number _____	Date of Birth _____
Account Type: <input type="checkbox"/> Personal Savings <input type="checkbox"/> College Savings Plan	Social Security _____
	Address _____

Emergency Contact Information

Keep this list in a central place to assist you and your family to get help when it's needed most.

Date updated _____

In a true emergency, Call 9-1-1

Emergency Numbers: Police _____ Fire _____ Hospital _____

Designated Disaster Meeting Place:

Business or Contact	Phone #	Account # / Other
Professional Services		
Accountant		
Attorney		
Financial Advisor		
Family Physician		
Health Insurance		
Home Insurance		
Car Insurance		
General Services		
Auto Mechanic		
Electrician		
Plumber		
Home Repair		
Other		
Other		
Other		
Utilities		
Cable / Satellite		
Electric		
Heating Fuel		
Internet		
Phone / Cellular		
Security / Alarm		
Water / Sewer		
Child Care / Schools		
Child Care		
School		
School		
Employer		
Name		
Name		
Personal Contacts		
Name		
Name		