

# D | A | DAVIDSON



Updated as of: \_\_\_\_\_

## Portfolio Review & Checklist

*Customize the below for each client to help them stay on top of all necessary changes.*

- I. Davidson Portfolio Value as of \_\_\_\_\_ \$ \_\_\_\_\_
- |   |   |   |                  |
|---|---|---|------------------|
| a. Conversion of joint account(s) to individual | Y | N | Completed: _____ |
| b. Restore/modify/add systematic transactions   | Y | N | Completed: _____ |
| c. Add/update TOD/POD/Beneficiary(ies)          | Y | N | Completed: _____ |

Known outside asset values (if any) \$ \_\_\_\_\_

Notes: \_\_\_\_\_

## II. Insurance & Annuities

Carrier: \_\_\_\_\_ Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Carrier: \_\_\_\_\_ Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Carrier: \_\_\_\_\_ Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Carrier: \_\_\_\_\_ Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

- |  |   |   |                  |
|--|---|---|------------------|
| a. Notify agent of death (if applicable)   | Y | N | Completed: _____ |
| b. Complete and file claim form            | Y | N | Completed: _____ |
| c. Update beneficiaries                    | Y | N | Completed: _____ |
| d. Invest/use proceeds according to wishes | Y | N | Completed: _____ |

Notes: \_\_\_\_\_

### Disclosures:

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## III. Benefits

### Life Insurance

Carrier: \_\_\_\_\_ Value: \$ \_\_\_\_\_

- |                                    |   |   |                  |
|------------------------------------|---|---|------------------|
| a. Provide death certificate       | Y | N | Completed: _____ |
| b. Obtain and complete claim forms | Y | N | Completed: _____ |

### 401(k), 403(b), pensions or other retirement assets

- |   |                        |
|---|------------------------|
| a. 401(k) [or primary account] last known value | \$ _____               |
| b. Identify options (leave, roll, take)         |                        |
| c. Submit death certificate                     | Completed: _____       |
| d. Complete and submit claim form               | Submission date: _____ |

### COBRA

- a. Obtain pricing and benefits options
- b. Confirm timing of deadline to enroll

Health Savings Account (HAS; and/or Flexible Spending Account) Value: \$ \_\_\_\_\_

- |   |   |   |     |                       |
|---|---|---|-----|-----------------------|
| a. Obtain statement and change of owner forms | Y | N | N/A | Completed: _____      |
| b. Update beneficiaries                       |   |   |     | Date completed: _____ |

### Survivor Benefits

- a. Check on spousal life insurance benefits
- b. Update beneficiaries for life insurance and 401(K) or other account
- c. Update emergency contact information

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## IV. Social Security

- a. Death benefit (or approximate) \$ \_\_\_\_\_
- b. Survivor benefit for children/dependents to age 18 if full-time student \$ \_\_\_\_\_
- c. Contact Social Security (855) 377-9316 Date completed: \_\_\_\_\_
- d. Complete and submit any forms Y N Date completed: \_\_\_\_\_

Notes:

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## V. Miscellaneous Change of Ownership

### a. 529 Plans

Plan URL: \_\_\_\_\_ Phone number: \_\_\_\_\_

Request a change in ownership, have identifying information/relevant passwords ready

- b. Home, Additional Home(s), Other real estate, Timeshares, Private investments (list them)  
Contact attorney
- c. Vehicle title(s), unless they are issued in both names (e.g. John Doe OR Jane Doe)
- d. Update car insurance, remove deceased
- e. Update homeowners insurance, remove deceased
- f. Update umbrella insurance policy, remove deceased
- g. Banking – Maintain joint checking for least one year, close any accounts in deceased's name alone after 90 days
  - i. Set a calendar reminder for one year from now to change banking information to individual

## VI. Bills

- a. Gas
- b. Electric
- c. Cell phone – remove phone line
- d. City utilities
- e. Water/Sewer

## VII. Miscellaneous

- a. Any updates to Emergency Contacts or Alternate Contacts on Accounts

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