



1041 Additional Beneficiary Information

Client ID: _____

Beneficiary Name: _____

SSN: _____

Nickname: _____ (if go by name other than legal name)

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Beneficiary Ownership %: _____

Beneficiary Name: _____

SSN: _____

Nickname: _____ (if go by name other than legal name)

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Beneficiary Ownership %: _____

Beneficiary Name: _____

SSN: _____

Nickname: _____ (if go by name other than legal name)

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Beneficiary Ownership %: _____

Beneficiary Name: _____

SSN: _____

Nickname: _____ (if go by name other than legal name)

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Beneficiary Ownership %: _____