



WELLBAUM LAW, P.A.

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Today's Date: _____

How did you hear about our office? _____

If you have a legal plan, please provide the name, case number/member number of the plan:

Client's Full Legal Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County of Residence: _____

Telephone (primary): _____ Alternate phone number: _____

Date of Birth: _____ Social Security _____ Marital Status: _____

Occupation/Employer: _____

Spouse's Full Legal Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County of Residence: _____

Telephone (primary): _____ Alternate phone number: _____

Date of Birth: _____ Social Security #: _____ Marital Status: _____

Occupation/Employer: _____

Briefly describe why you are here to see the attorney: _____

BENEFICIARY INFORMATION FORM

Please provide the information below for each beneficiary. Use each beneficiary's full legal name and indicate how you want the name to appear in your estate planning documents. Please include the beneficiary's current mailing address and telephone number.

BENEFICIARY

Relationship to Client:

Full Legal Name:

Name as it should appear
in your documents:

Address:

City, State, ZIP:

Phone:

BENEFICIARY

Relationship to Client:

Full Legal Name:

Name as it should appear
in your documents:

Address:

City, State, ZIP:

Phone:

BENEFICIARY

Relationship to Client:

Full Legal Name:

Name as it should appear
in your documents:

Address:

City, State, ZIP:

Phone:

Additional Information / Notes:

Please verify all names, addresses, and telephone numbers for accuracy before returning this form to our office.
