

Instructions:

- Provide information on your retirement benefits for each category that applies to you.
- File your original documents separate from copies and with this form.
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Retirement Information

Social Security: Are you collecting Social Security? ☐ Yes ☐ No

401(k), IRAs, etc.

1. Institution name:

Type of plan:

Account no.

Location of documents:

2. Institution name:

Type of plan:

Account no.

Location of documents:

3. Institution name:

Type of plan:

Account no.

Location of documents:

Stock options (employee stock, profit sharing, ownership plans, etc.)

1. Company name:

Account no.

Location of documents:

Type:

2. Company name:

Account no.

Location of documents:

Type:

3. Company name:

Account no.

Location of documents:

Type:

Pension(s)

1. Institution name:

Account no.

Location of documents:

2. Institution name:

Account no.

Location of documents:

Veterans Benefits (www.va.gov)

I have a: ☐ Veterans Retirement plan ☐ Survivors Benefit plan ☐ Death Gratuity/Pension plan

Location of DD 214:

Last branch of service:

Dates of service: