

**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](http://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: \_\_\_\_\_