

# Retirement Checklist

Retiree Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Estimated Retirement Date: \_\_\_\_\_

## Banking Information:

Name of Bank: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Spouse Information:

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Marriage City and State: \_\_\_\_\_

\*Please provide Certified Copy of Marriage Certificate.

Military Branch: \_\_\_\_\_

Did you buy back Military time? Yes \_\_\_\_\_ No \_\_\_\_\_ \*Please include receipt

Do you have Military Retirement Yes \_\_\_\_\_ No \_\_\_\_\_

\*Please provide Statement from DFAS or VA.

\*Please provide copy of DD214(s)

Do you have a Workmen's Compensation Claim? \_\_\_\_\_

Claim Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ is it finalized

or an Award? \_\_\_\_\_

Agency you work for: \_\_\_\_\_

Address where you work: \_\_\_\_\_

Do you have dependent children? \_\_\_\_\_

\*Provide Full names, Dates of birth, and if anyone is disabled.

Do you have a Divorce that gives the ex-spouse any portion of your retirement? \_\_\_\_\_

\*If yes, provide a certified copy of the Divorce Decree.

Is this a medical retirement? \_\_\_\_\_

\*If yes, provide copies of your medical files, doctors names and addresses, dates you saw these doctors, addresses of clinics, hospitals or doctors offices. Provide a list of medications and who provided them to you.