

MILITARY RETIREE PREPARATION CHECKLIST

PURPOSE: This checklist is intended to record information from your military career, family data, insurance policies, financial accounts and other information. A copy of this checklist should be placed in a safe place, along with your will, and your Primary Next of Kin should be given a copy and/or told of its location.

PERSONAL INFORMATION:

Name: _____ SSN: _____
Branch of Service: _____ Retired Rank: _____ Date of Retirement: _____
Date of Birth: _____ Date of Marriage: _____ Place of Marriage: _____
Spouse's Full (maiden) Name: _____ Date of Birth: _____
Child Name/Date of Birth/SSN: _____
Child Name/Date of Birth/SSN: _____
Child Name/Date of Birth/SSN: _____
Child Name/Date of Birth/SSN: _____

INSURANCE:

<u>Company Name</u>	<u>Account Number</u>	<u>Premium Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SURVIVOR BENEFIT PLAN: YES / NO Base Amount: \$ _____

VA DISABILITY: YES / NO PERCENTAGE: _____ %

FINANCIAL ACCOUNTS:

<u>Institution</u>	<u>Account Number</u>	<u>Type Saving Checking, Mutual Funds, IRA</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR WISHES:

Do you want to be: BURIED CREMATED
Cemetery Choice: _____
Would you like to be interred in uniform: YES NO
Would you like a Memorial service: YES NO If yes, where: _____
Have you previously purchased a cemetery plot YES NO If yes, where: _____
Do you have a preference of a funeral home YES NO If yes, who: _____
Would you like a Military Chaplain: YES NO Military Honor Guard: YES NO

MILITARY RETIREE PREPARATION CHECKLIST

LOCATION OF DOCUMENTS: It is imperative that certain documents are maintained in a safe place. Please annotate the location of each, i.e. Safe, Safety Deposit box, Desk, etc

<u>DOCUMENT</u>	<u>LOCATION</u>	<u>DOCUMENT</u>	<u>LOCATION</u>
DD Form 214	_____	Retirement Orders	_____
Med/Dental Recs	_____	MyPay (PW/ID)	_____
VA Disability Ltr	_____	Marriage Certificate	_____
Divorce Decree	_____	Birth Certificates	_____
Adoption Papers	_____	Death Certificates	_____
Safe Deposit Box/Key	_____	Living Will	_____
Last Will and Testament	_____	Vehicle Titles	_____
Passports	_____	Insurance Policies	_____
Investment Papers	_____	Tax Returns	_____
Property Deeds	_____	Drafted Obituary	_____
Other	_____		

WHO SHOULD BE NOTIFIED?

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

IMPORTANT NUMBERS:

Army Fort Sill Casualty Assistance Center, Bldg 4700 Mow-Way Road, Suite 140N Fort Sill, Oklahoma 73503-9019	(580) 442-6405/6706/4014/4055 After Duty: (580) 512-6178
Navy	(904) 542-1536
Air Force	(800) 531-5803
Marine Corps	(866) 826-3628
Coast Guard	(703) 872-6647
Lawton VA	(580) 351-6511