

Associate: _____ Ins. Co. _____ Phone: () _____ FAX:() _____
 Street/ P.O. Box: _____ City: _____ State: _____ Zip: _____
 Email: _____

Client's Name: _____ **Date of Birth:** ____/____/____
 Res. Address: _____ Home Phone: () _____ Standard
 _____ Occupation: _____ Non-Smoker
 (City) (State) (Zip) Preferred NS
 Employer Name: _____ Work Phone:() _____
 Specific Address of Retirement Dept. _____
 (Street/P.O. Box) (City) (State) (Zip)
Annual Income: \$ _____ Military Pay Grade _____ Vacation/Sick pay (Hrs. or Days) _____
 Annual Anticipated Salary Increases Annual Pension Cost of Living Date of Employ./Service: _____
 Until Retirement As A% _____ After Retirement As A% _____ Projected Retirement Date: _____

Spouse's Name: _____ **Date of Birth:** ____/____/____ Standard
 Employer Name: _____ Occupation: _____ Non-Smoker
 _____ Work Phone:() _____ Preferred NS
 Specific Address of Retirement Dept. _____
 (Street/P.O. Box) (City) (State) (Zip)
Annual Income: \$ _____ Military Pay Grade _____ Vacation/Sick pay (Hrs. or Days) _____
 Annual Anticipated Salary Increases Annual Pension Cost of Living Date of Employ./Service: _____
 Until Retirement As A% _____ After Retirement As A% _____ Projected Retirement Date: _____

Joint and Survivor Option(s) Desired
 100% 75% 66.7% 55% 50%

If Amount Known Please List:
 Single Life Alone: \$ _____
 Joint & Survivor: 100%: \$ _____
 Joint & Survivor: 75%: \$ _____
 Joint & Survivor: 66.7%: \$ _____
 Joint & Survivor: 55%: \$ _____
 Joint & Survivor: 50%: \$ _____

If Pension Is a Defined Contribution Plan:

	Client	Spouse
Current Account Bal.	_____	_____
% of Salary contributed	_____	_____
% Match By Employer	_____	_____
Estimate Annual Acct.	_____	_____
Growth Rate As A %	_____	_____

ATTENTION: Please provide most recent benefit statement for both clients if available.

RETIREMENT INFORMATION REQUEST

I _____, _____
 (Name- Please Print) (Social Security # - Employee ID #)

request the projected amount of income that I would receive at the time I retire **including** Joint and Survivor Options.

My estimated retirement date is either ____/____/____ or ____/____/____.

My beneficiary's name: _____. My beneficiary's date of birth: ____/____/____.

I authorize _____
 (Employer or Pension Administrator)

to send the above information to:



4730 N.W. NESKOWIN AVE.
PORTLAND, OR 97229-2810
(503) 690-0277
FAX: (503) 629-5244

____/____/____
 (Date)

 (Signature)

Are there any other liquid assets you were planning to use for retirement income? YES NO

Please list other assets: _____

Do you or your spouse have any health impairments currently or have had any in the past?

If yes, please explain: _____

Are you currently on any medication? YES NO If yes, please give type, dosage, and
how long you have been on medication _____

Are there any special considerations, comments, or questions we should be aware of? _____

PLACE
STAMP
HERE



Consultants to America's Retiring

**4730 N.W. NESKOWIN AVE.
PORTLAND, OR 97229-2810**