



**RETIREE SERVICES PROGRAM  
Record of Personal Affairs**

(To be filled out by retiree for personal and family use)

**1. Personal Information:**

(1a. First Name)	(1b. Middle Name)	(1c. Last Name)
(1d. Date or Rank)		(1e. Branch of Service)
(1f. Date/Type Retirement/Transfer to Retired/Fleet Reserve)		
(1e. Disability if any, indicate details including percentage, etc.)		

**2. Personal Record:**

(2a. Place of Birth)		(2b. Date of Birth)
If applicable: (2c. Place of Naturalization)		If applicable: (2d. Date of Naturalization)
If applicable: (2e. Designation, location of court granting naturalization)		
(2f1. Father's First Name)	(2f2. Father's Middle Name)	(2f3. Father's Last Name)
(2f4. Father's Place of Birth)		(2f5. Father's Date of Birth)
(2e1. Mother's First Name)	(2e2. Mother's Middle Name)	(2e3. Mother's Last Name)
(2e4. Mother's Place of Birth)		(2e5. Mother's Date of Birth)
If applicable: (2f1. Spouse's First Name)	If applicable: (2f2. Spouse's Middle Name)	If applicable: (2f3. Spouse's Last Name)
If applicable: (2f4. Date of Marriage)	If applicable: (2f5. City of Marriage)	If applicable: (2f6. State of Marriage)
If applicable: (2g1. Ex-spouse's First Name)	If applicable: (2g2. Ex-spouse's Middle Name)	If applicable: (2g3. Ex-spouse's Last Name)
If applicable: (2g4. Date of Marriage)	If applicable: (2g5. City of Marriage)	If applicable: (2g6. State of Marriage)
If applicable: (2h1. Ex-spouse's First Name)	If applicable: (2h2. Ex-spouse's Middle Name)	If applicable: (2h3. Ex-spouse's Last Name)
If applicable: (2h4. Date of Marriage)	If applicable: (2h5. City of Marriage)	If applicable: (2h6. State of Marriage)
If applicable: (2i1. Ex-spouse's First Name)	If applicable: (2i2. Ex-spouse's Middle Name)	If applicable: (2i3. Ex-spouse's Last Name)
If applicable: (2i4. Date of Marriage)	If applicable: (2i5. City of Marriage)	If applicable: (2i6. State of Marriage)



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**2. Personal Record (Continued):**

If applicable: (2j1. Child's First Name)	If applicable: (2j2. Child's Middle Name)	If applicable: (2j3. Child's Last Name)
If applicable: (2j4. Child's Place of Birth)		If applicable: (2j5. Child's Date of Birth)
If applicable: (2j6. Child's Address)		
If applicable: (2k1. Child's First Name)	If applicable: (2k2. Child's Middle Name)	If applicable: (2k3. Child's Last Name)
If applicable: (2k4. Child's Place of Birth)		If applicable: (2k5. Child's Date of Birth)
If applicable: (2k6. Child's Address)		
If applicable: (2l1. Child's First Name)	If applicable: (2l2. Child's Middle Name)	If applicable: (2l3. Child's Last Name)
If applicable: (2l4. Child's Place of Birth)		If applicable: (2l5. Child's Date of Birth)
If applicable: (2l6. Child's Address)		
If applicable: (2m1. Child's First Name)	If applicable: (2m2. Child's Middle Name)	If applicable: (2m3. Child's Last Name)
If applicable: (2m4. Child's Place of Birth)		If applicable: (2m5. Child's Date of Birth)
If applicable: (2m6. Child's Address)		
If applicable: (2n1. Child's First Name)	If applicable: (2n2. Child's Middle Name)	If applicable: (2n3. Child's Last Name)
If applicable: (2n4. Child's Place of Birth)		If applicable: (2n5. Child's Date of Birth)
If applicable: (2n6. Child's Address)		
If applicable: (2o1. Full name of lawyer who may be consulted to my personal or business affairs)		
If applicable: (2o2. Address of lawyer who may be consulted to my personal or business affairs)		
If applicable: (2p1. Full name of personal friend who may be consulted to my personal or business affairs)		
If applicable: (2p2. Address of personal friend who may be consulted to my personal or business affairs)		

**3. Family Records Location:**

(3a. Birth certificates or other proof of date of birth of self and each immediate family member) \*Required by insurance companies and Social Security Administration.



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**3. Family Records Location (Continued):**

<p>If applicable: (3b. Naturalization papers if not born in the U.S.)</p>
<p>If applicable: (3c. Marriage certificate) *Necessary to establish claim for certain payments and benefits in connection with will, social security, and VA benefits.</p>
<p>If applicable: (3d. Divorce decrees, death certificates, or certified copies thereof in case of either spouse)</p>

**4. Military Service Personnel File Location:**

<p>(4a. Retirement orders, transfer to the Fleet Reserve certificate, DD-214, discharge orders, etc.)</p>
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**5. Other Important Papers:**

(5a1. Will execution)		I have executed a will		I have not executed a will
<p>If applicable: (5a2. Location of will)</p>				



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**5. Other Important Papers (Continued):**

If applicable: (5a3. Lawyer's name and address)			
If applicable: (5a4. Executor's name and address)			
(5b1. Power of attorney execution)		I have executed a power of attorney	I have not executed a power of attorney
If applicable: (5b2. Executed power of attorney dated)			
If applicable: (5b3. Name and address of named agent or attorney in fact)			
(5c. Location of your and spouse's federal income tax returns and related documentation)			

**6. Life Insurance:**

If applicable: (6a. Life insurance type)		Government		Commercial		Both
If applicable (6b1. Name of insurer)				If applicable (6b2. Policy number)		
If applicable (6b3. Amount)				If applicable (6b4. Payment option)		
If applicable (6c1. Name of insurer)				If applicable (6c2. Policy number)		
If applicable (6c3. Amount)				If applicable (6c4. Payment option)		
If applicable (6d1. Name of insurer)				If applicable (6d2. Policy number)		
If applicable (6d3. Amount)				If applicable (6d4. Payment option)		



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**6. Life Insurance (Continued):**

If applicable (6e. Location of policy documentation)
If applicable (6f. Location of policy premium receipts)
If applicable (6g. Similar to above, any other pertinent information regarding property, accidental, liability, or other protection)

**7. Annuities (Survivor Benefit Plan, Civil Service, etc.):**

If applicable: (7a. Annuity type)	Government	Commercial	Both
If applicable: (7b1. Annuity organization)			
If applicable: (7b2. Name and address of person annuity is payable to)			
If applicable: (7c1. Annuity organization)			
If applicable: (7c2. Name and address of person annuity is payable to)			
If applicable: (7d1. Annuity organization)			
If applicable: (7d2. Name and address of person annuity is payable to)			
If applicable: (7e. Location of annuity documentation)			



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**8. Social Security Information:**

(8a. Social Security Number)
(8b. Location of Social Security Card or Stub)
(8c. Years that Social Security tax payments were made)
(8d. Location of up to date employment record indicating place and type of work in each case)

**9. Property Ownership or Interest Therein Held Individually, Jointly or in Common with Spouse or Another:**

If applicable: (9a1. Type of property)	
If applicable: (9a2. Address of where property is located)	
If applicable: (9a3. Name(s) the title is in of)	
If applicable: (9a4. Mortgage, trust, or will encumbering property)	
If applicable: (9a5. Name of organization or person holding the mortgage, trust, or will)	
If applicable: (9a6. Who property taxes are paid to and year(s))	
If applicable: (9a7. Insurance company of property)	
If applicable: (9a8. Insurance policy number)	If applicable: (9a9. Amount insured)
If applicable: (9a10. Types of damage or loss property is insured against)	
If applicable: (9a11. Location of insurance documentation)	



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**9. Property Ownership or Interest Therein Held Individually, Jointly or in Common with Spouse or Another (Continued):**

If applicable: (9b1. Type of property)	
If applicable: (9b2. Address of where property is located)	
If applicable: (9b3. Name(s) the title is in of)	
If applicable: (9b4. Mortgage, trust, or will encumbering property)	
If applicable: (9b5. Name of organization or person holding the mortgage, trust, or will)	
If applicable: (9b6. Who property taxes are paid to and year(s))	
If applicable: (9b7. Insurance company of property)	
If applicable: (9b8. Insurance policy number)	If applicable: (9b9. Amount insured)
If applicable: (9b10. Types of damage or loss property is insured against)	
If applicable: (9b11. Location of insurance documentation)	



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**9. Property Ownership or Interest Therein Held Individually, Jointly or in Common with Spouse or Another (Continued):**

If applicable: (9c1. Type of property)	
If applicable: (9c2. Address of where property is located)	
If applicable: (9c3. Name(s) the title is in of)	
If applicable: (9c4. Mortgage, trust, or will encumbering property)	
If applicable: (9c5. Name of organization or person holding the mortgage, trust, or will)	
If applicable: (9c6. Who property taxes are paid to and year(s))	
If applicable: (9c7. Insurance company of property)	
If applicable: (9c8. Insurance policy number)	If applicable: (9c9. Amount insured)
If applicable: (9c10. Types of damage or loss property is insured against)	
If applicable: (9c11. Location of insurance documentation)	



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### 10. Vehicle Records

If applicable: (10a1. Make)	If applicable: (10a2. Model)	If applicable: (10a3. Year)
If applicable: (10a4. Vehicle identification number (VIN))		
If applicable: (10a5. State or location of registration)		If applicable: (10a6. License plate number)
If applicable: (10a7. Insurance company)		
If applicable: 10a8. Insurance policy number)		
If applicable: (10a9. Location of vehicle documentation)		
If applicable: (10b1. Make)	If applicable: (10b2. Model)	If applicable: (10b3. Year)
If applicable: (10b4. Vehicle identification number (VIN))		
If applicable: (10b5. State or location of registration)		If applicable: (10b6. License plate number)
If applicable: (10b7. Insurance company)		
If applicable: 10b8. Insurance policy number)		
If applicable: (10b9. Location of vehicle documentation)		
If applicable: (10c1. Make)	If applicable: (10c2. Model)	If applicable: (10c3. Year)
If applicable: (10c4. Vehicle identification number (VIN))		
If applicable: (10c5. State or location of registration)		If applicable: (10c6. License plate number)
If applicable: (10c7. Insurance company)		
If applicable: 10c8. Insurance policy number)		
If applicable: (10c9. Location of vehicle documentation)		



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**11. Banking Accounts:**

If applicable: (11a1. Name and address of banking institution)	
If applicable: (11a2. Type of account)	If applicable: (11a3. Account number)
If applicable: (11b1. Name and address of banking institution)	
If applicable: (11b2. Type of account)	If applicable: (11b3. Account number)
If applicable: (11c1. Name and address of banking institution)	
If applicable: (11c2. Type of account)	If applicable: (11c3. Account number)
If applicable: (11d1. Name and address of banking institution)	
If applicable: (11d2. Type of account)	If applicable: (11d3. Account number)
If applicable: (11e1. Name and address of banking institution)	
If applicable: (11e2. Type of account)	If applicable: (11e3. Account number)



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### 12. Safe Deposit Box

If applicable: (12a1. Name of bank or trust company)
If applicable: (12a2. Address of bank or trust company)
If applicable: (12a3. Location of safe deposit box key)
If applicable: (12b1. Name of bank or trust company)
If applicable: (12b2. Address of bank or trust company)
If applicable: (12b3. Location of safe deposit box key)
If applicable: (12c1. Name of bank or trust company)
If applicable: (12c2. Address of bank or trust company)
If applicable: (12c3. Location of safe deposit box key)

### 13. United States Savings or War Bonds:

If applicable: (13a1. Person designated as co-owner)	If applicable: (13a2. Person designated as beneficiary)
If applicable: (13a3. Location of bond(s))	
If applicable: (13b1. Person designated as co-owner)	If applicable: (13b2. Person designated as beneficiary)
If applicable: (13b3. Location of bond(s))	
If applicable: (13c1. Person designated as co-owner)	If applicable: (13c2. Person designated as beneficiary)
If applicable: (13c3. Location of bond(s))	



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**Personal Affairs Questionnaire:**

Do you or your spouse know where to find the following documents / information?

	Yes	No	
1.			Your birth certificate
2.			Your spouse's birth certificate
3.			Your marriage license or certificate
4.			Divorce decrees or death certificates regarding any prior marriages
5.			Real and personal property tax receipts for last year
6.			Income tax receipts for past four years
7.			Your Social Security Number
8.			Your spouse's Social Security Number
9.			Where your spouse keeps the life insurance policies
10.			List of life insurance policies on spouse's life, including group insurance through business and other sources
11.			What medical, accident, and health insurance your family owns
12.			Location of your spouse's will
13.			Name and account numbers of all savings and checking accounts
14.			All credit cards, account numbers, and telephone numbers to call
15.			Driver's license numbers and state where they were issued
16.			Approximate family income for last year
17.			Location/number of safe deposit box
18.			Location of safe deposit box keys and who has access
19.			Location of service member's DD Form 214
20.			Who to contact in event of the death of a family member



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**Record of Emergency Data:**

(Sponsor's last name)	(Sponsor's first name)	(Sponsor's middle name)	
(Social Security Number)	(Date of birth)	(Telephone Number)	
(Spouse's full name)			
(Address)			
(Child's full name)	(Child's date or birth)	(Child's address)	
(Child's full name)	(Child's date or birth)	(Child's address)	
(Child's full name)	(Child's date or birth)	(Child's address)	
(Child's full name)	(Child's date or birth)	(Child's address)	
(Child's full name)	(Child's date or birth)	(Child's address)	
(Father's full name and address)			
(Mother's full name and address)			
(Pay arrears beneficiary's name, address, and relationship)			
(Pay arrears beneficiary's name, address, and relationship)			
(Pay arrears beneficiary's name, address, and relationship)			
(PNOK telephone number)		(PNOK relationship)	
(Signature of sponsor)		(Date signed)	