oint & 100%:         \$	Birth:/ Phone: ( ) Preferred NS tion: Non Smoker Phone: ( ) Smoker  Phone: ( ) Other  Vacation/Sick Pay (Hrs or Days) ion Cost of Living after Retirement as a %: OR/  Date of Birth:/ Preferred NS tion: Non Smoker
Client's Name:	Birth:// Phone: ( ) Preferred NS tion: Non Smoker Phone: ( ) Smoker  Phone: ( ) Other  Vacation/Sick Pay (Hrs or Days) ion Cost of Living after Retirement as a %:// OR//_  Date of Birth://_ Preferred NS tion: Non Smoker
Address:	Phone: ( ) Preferred NS tion: Non Smoker Phone: ( ) Smoker Phone: ( ) Other  Vacation/Sick Pay (Hrs or Days) ion Cost of Living after Retirement as a %:// OR//  Date of Birth:// Preferred NS tion: Non Smoker
City: Zip: Work State: Zip: Work Specific Address of Retirement Dept.: Military Pay Grade: Annual Income: \$ Military Pay Grade: Annual Pe Date of Employment:/ Projected Retirement Date(s): Projected Retirement Date(s): Projected Retirement Date(s): Military Pay Grade: Home State: Work State: Jip: Work State:	Thone: ( ) Non Smoker  Thone: ( ) Smoker  Other  Vacation/Sick Pay (Hrs or Days) ion Cost of Living after Retirement as a %: /_ OR//  Date of Birth:/ Preferred NS tion: Non Smoker
Employer Name:	Phone: ( ) Smoker  Other  Vacation/Sick Pay (Hrs or Days) ion Cost of Living after Retirement as a %:/_/ OR/_/  Date of Birth:/_/ Preferred NS tion: Non Smoker
Employer Name:	Date of Birth:/ Preferred NS tion: Non Smoker
Annual Income: \$	Date of Birth:/ Preferred NS tion: Non Smoker
Annual Income: \$	Vacation/Sick Pay (Hrs or Days) ion Cost of Living after Retirement as a %: // OR//  Date of Birth:// Preferred NS tion: Non Smoker
Anticipated Salary Increases until Retirement as a %: Annual Per Date of Employment:// Projected Retirement Date(s):    Sopouse's Name:	Date of Birth:/ Preferred NS tion: Non Smoker
Spouse's Name:    Address:	Date of Birth:/ Preferred NS tion: Non Smoker
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Employer Name:	□ Smoker
Annual Income: \$	monor ( )
Annual Income: \$	
Anticipated Salary Increases until Retirement as a %: Annual Per Date of Employment:// Projected Retirement Date(s):    Coint and Survivor Option(s) Desired:	
f Amount Known, Please List:  Single Life Alone: \$	
Single Life Alone: \$	
oint & 100%:         \$	Client Spouse
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oint & 75%: \$ % oint & 66.7%: \$ 66.7%: oint & 55%: \$ 66.7%: oint & 50%: \$ 76.75%  INAME — Please Print) (SSN# Commount of income I would received at the time I retire including My estimated retirement date is either My beneficiary's name is:, my authorize, my	f Salary contributed
oint & 66.7%: \$	latched by Employer
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RETIREMENT INFORM  (Name – Please Print)  (SSN# Commount of income I would received at the time I retire including My estimated retirement date is either My beneficiary's name is:, my authorize	owth Rate as a %:
RETIREMENT INFORM  (Name – Please Print) (SSN# Commount of income I would received at the time I retire including My estimated retirement date is either My beneficiary's name is:, my authorize	TENTION: Please provide the most recent benefit
(Name – Please Print) (SSN# Commount of income I would received at the time I retire <b>includi</b> My estimated retirement date is either My beneficiary's name is:, my authorize	ement for both clients if available.
My estimated retirement date is eithe My beneficiary's name is:, my authorize,	TION REQUEST
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authorize	g Joint & Survivor Options.
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9787 N.W. Rock Creek Dr. Portland, OR 97229	g Joint & Survivor Options// or// eneficiary's date of birth is://
hone: 503-690-0277 FAX: 503-629-5244	g Joint & Survivor Options// or// eneficiary's date of birth is:// Administrator)