

Associate: _____ Ins. Co. _____ Phone: () _____ Fax: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____

Client's Name: _____ Date of Birth: ___/___/___
 Address: _____ Home Phone: () _____ Preferred NS
 City: _____ Occupation: _____ Non Smoker
 State: _____ Zip: _____ Smoker
Employer Name: _____ Work Phone: () _____ Other
 Specific Address of Retirement Dept.: _____

Annual Income: \$ _____ Military Pay Grade: _____ Vacation/Sick Pay (Hrs or Days) _____
 Anticipated Salary Increases until Retirement as a %: _____ Annual Pension Cost of Living after Retirement as a %: _____
 Date of Employment: ___/___/___ Projected Retirement Date(s): ___/___/___ OR ___/___/___

Spouse's Name: _____ Date of Birth: ___/___/___ Preferred NS
 Address: _____ Home Phone: () _____ Non Smoker
 City: _____ Occupation: _____ Smoker
 State: _____ Zip: _____ Other
Employer Name: _____ Work Phone: () _____
 Specific Address of Retirement Dept.: _____

Annual Income: \$ _____ Military Pay Grade: _____ Vacation/Sick Pay (Hrs or Days) _____
 Anticipated Salary Increases until Retirement as a %: _____ Annual Pension Cost of Living after Retirement as a %: _____
 Date of Employment: ___/___/___ Projected Retirement Date(s): ___/___/___ OR ___/___/___

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

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

If Pension is a **Defined Contribution Plan:**

	Client	Spouse
Current Account Bal.	_____	_____
% of Salary contributed	_____	_____
% Matched by Employer	_____	_____
Estimate Annual Acct	_____	_____
Growth Rate as a %:	_____	_____

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

RETIREMENT INFORMATION REQUEST

I _____, _____ request the projected
 (Name – Please Print) (SSN# OR Employee ID#)
 amount of income I would received at the time I retire **including** Joint & Survivor Options.

My estimated retirement date is either ___/___/___ or ___/___/___
 My beneficiary's name is: _____, my beneficiary's date of birth is: ___/___/___
 I authorize _____
 (Employer or Pension Administrator)

To send the above information to:



19787 N.W. Rock Creek Dr. Portland, OR 97229
 Phone: 503-690-0277 FAX: 503-629-5244

 (Signature)

_____/_____/_____
 (Date)