

Appendix A: Personal Affairs Workbook

To fill out the form, place the mouse cursor above the field line to type information. You may TAB over to the next active field or use the mouse cursor.

My Record of Personal Affairs:

First	Middle	Last
Retired grade	Service	Social Security number
Street address	City and state	ZIP code
Service number	VA claim number, if applicable	
Date and type of retirement		
		Date
		Signature

Attach separate sheets as necessary.

Personal Record:

1. Place and date of birth:

Town	State	Month, day, year
------	-------	------------------

2. Naturalization (if applicable):

by (Designation and location of court granting naturalization)

3. Parents' names:

Father	First	Middle	Last
--------	-------	--------	------

Date and place of birth

Mother	First	Middle	Last
--------	-------	--------	------

Date and place of birth

4. Your marriages:

To whom	First	Middle	Last
Place and Date	Town	State	Month, Day, Year
If terminated, show reason, place and date			

To whom	First	Middle	Last
Place and Date	Town	State	Month, Day, Year
If terminated, show reason, place and date			

5. Children: Full name(s), place(s) and date(s) of birth; if living apart from parent, list address(es) — minors, indicate name of guardian:

6. Personal lawyer or trusted friend who may be consulted in regard to my personal or business affairs:

Name	Telephone	
Street	Town	State

Family Records Location:

1. Birth certificates or other proof of date of birth of self and each member of immediate family:

2. Adoption papers:

3. Naturalization papers if applicable:

4. Marriage certificate:

5. Divorce decree, death certificates or certified copies thereof in case of either spouse:

Military Service Personal File Location:

Retirement order, separation papers, awards and decorations, personal medical records, etc.

Other Important Papers:

1. Will: I have executed a will have not executed a will

a. Will located at:

b. Executor's name and address:

c. Lawyer's name and address:

2. Power of attorney: I have have not executed a power of attorney

Dated (Month, day, year)

Naming (Agent or attorney in fact)

Address

3. Income tax: Copies of my federal and state income tax returns and related papers are located at

4. Other taxes: Copies of _____ tax returns and related papers are located at _____

Bank Accounts: *Include Credit Union and IRA and 401(k) retirement accounts.*

1. Type of account

Checking or savings: joint or individual	Name and location of bank
--	---------------------------

Checking or savings: joint or individual	Name and location of bank
--	---------------------------

Checking or savings: joint or individual	Name and location of bank
--	---------------------------

2. Location of passbooks for savings accounts

3. Location of statements and canceled checks for checking accounts

Safety Deposit Box:

1. Name of bank or trust company

Address

2. Location of key

United States savings bonds:

Where kept

Approximate value (attach listing or serial numbers and denominations, if desired)

Stocks, Bonds and Securities Owned:

Property Ownership or Interest:

Real estate located at

The property is encumbered by a (mortgage, trust, deed etc.)

Held by

The property is insured with

Insurance company

Policy No.

The papers are located at

Location of deed, abstract, mortgage, insurance, contracts and other papers

Life Insurance:

1. I have the following types of life insurance: Government Commercial Both

2. Insurance company	Policy number	Face value	Payment options
----------------------	---------------	------------	-----------------

3. The policies are located at:

Other Insurance:

I have the following health, property, accident, liability or other insurance coverage

Insurance company	Type of coverage	Policy number	Amount
-------------------	------------------	---------------	--------

The policies are located at:

Annuities: Survivor Benefit Plan SBP/SSBP, Retired Serviceman’s Family Protection Plan RSFPP, Civil Service, etc.

1. Annuities are payable as follows: Government Commercial Both

2. SBP/SSBP payable to

Address

Current amount \$ per month (increased whenever retired pay is raised)

3. RSFPP payable to

Address

Amount payable \$ per month fixed amount

4. Other annuities

Payable to

Address

5. Annuity papers located at

Employers:

Employer	Address	Telephone
Survivor benefits		

Military Retired Pay:

1. Defense Finance and Accounting Service Center (DFAS) or Service Finance Center that pays my military retired pay
2. Retired pay now being sent to

Indicate home address, bank etc.

3. If you have waived all or part of your military retired pay in favor of Department of Veterans Affairs (VA) disability compensation or combined civil service payment, provide appropriate information below.

VA claim number	VA office address
-----------------	-------------------

CSA number	Civil service address
------------	-----------------------

4. The following deductions for payment of insurance premiums etc. are currently made from my military retired pay:

Amount	Purpose
--------	---------

5. I have designated the following person as beneficiary of any unpaid retired pay at the time of my death:

Name, relationship and address

Membership in Private Associations and Organizations:

You may be a member of several associations or organizations that might be helpful to your spouse. We suggest that you list them below and indicate what assistance, if any, your spouse may expect. Even if you are not a member, some veterans organizations might be of help. List, in particular, such organizations as Military Officers Association of America, a local MOAA chapter, military aid societies, American Legion, Veterans of Foreign Wars, American Red Cross, state veterans departments and so forth.

Name	Address
------	---------

Name	Address
------	---------

Names, Addresses and Telephone Numbers of Friends or Business Associates Who May Be Helpful:

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Survivor Assistance Office – Nearest Military Installation:

Whenever possible, the military departments will designate an officer to assist the surviving spouse in funeral and burial arrangements, and to advise and assist in applying to the various government agencies for benefits that might be payable. In some installations, the offices that render assistance might be referred to as the casualty assistance office, survivor assistance office, personal affairs office or retirement services office. You should know what office, if any, to consult. Find out the telephone number and list it below and also in the following section, "What to Do in Case of Emergency." If appointed, a survivor assistance officer usually will take care of many of the items discussed in this and the following section.

Name of installation	Survivor assistance office	Telephone
----------------------	----------------------------	-----------

Identification Cards:

Your spouse should turn in all military ID cards. The survivor assistance officer mentioned above will help obtain a new card for your spouse and any eligible children. If your spouse is not near a military base, application forms and instructions for getting new cards can be obtained from MOAA headquarters.

Department of Veterans Affairs (VA):

1. Your surviving spouse might be eligible for Dependency and Indemnity Compensation (DIC), or, if not, he or she might qualify for a small non-service-connected death pension. But even if your surviving spouse is not eligible, your dependent children might well qualify for benefits. Consequently, it is important that your surviving spouse consult the VA to determine possible eligibility.
2. Even if a surviving spouse is not eligible for DIC or a death pension, burial allowances will be payable. As a general rule, the funeral director will assist in claiming this benefit.

3. My VA claim number, if any, is

4. Location of my personal papers

5. Nearest VA office

Name and address	Telephone
------------------	-----------

Social Security Administration:

1. If there are dependent children, your spouse will be entitled to survivor benefits until the youngest child reaches age 16. If there are no dependent children, your spouse will be eligible for benefits at age 60 (50 if disabled). A burial allowance up to \$255 is payable. These benefits are, of course, dependent on your entitlement to Social Security benefits. Your spouse should contact the nearest office and file an application. The Social Security Administration will determine eligibility.

2. My Social Security number is

3. Location of my personal Social Security papers

4. Social Security Office

Address

Telephone

Funeral and Burial Arrangements:

1. The funeral director, apart from the unique and indispensable services performed, is usually well-informed regarding the administrative details of a military retiree's death.

2. Name of funeral director

Name

Address

Telephone

3. If cremation is desired, consult your funeral director for instructions. Requests for cremation vary from state to state, and some require a letter of authority signed by the deceased. Such a letter should be filed with your personal papers. If burial at sea is desired, a letter so stipulating should be prepared and filed with your personal papers.

4. Church and clergy. Depending on religious preference or affiliation, a clergyman may be either essential, or merely of assistance. Families with strong religious ties should consult their clergyman before making funeral arrangements.

Clergyman

Telephone—church

Address

Telephone—home

5. If burial will be in a national cemetery, list the following information to expedite verification of entitlement:

Retired grade

Date of birth

Military service—Army, Navy, etc.

Social Security number

Date of last active dut

Type of retirement—service disability, reserve age 60 etc.

6. We suggest you fill in the following: This is not intended as a legal document. But, within the terms of my will or the applicable laws, I suggest my executor and/or next of kin do the following.

Funeral service and arrangements

Name of cemetery

Telephone

Military ceremony and honors

Uniform

Hymns, Psalms, scripture, special requests

Pallbearers

Flowers (in lieu of flowers)

7. Obituary notice. A biographical sketch will be helpful in preparing the obituary news story. A photo should be attached. We suggest you include this at the end of this section. Doing this now will save time and confusion when the time comes.

8. Memorials and remembrances

Personal Effects:

At the discretion of my executor, next of kin or beneficiaries, I suggest that a suitable disposition of my special effects, not otherwise legally specified, might be as follows:

Clothing

Firearms

Medals

Books

Special equipment

Jewelry

Sword

Plaques and awards

Collections

Works of Art

Stamps/coin collections

Other:

OTHER: (Enter any additional data)
