

**INFORMATION FOR MEMBERS OF THE CSA RETIREE CHAPTER**

The following information will be needed to settle my affairs:

1. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
2. Copy of my Birth Certificate is in \_\_\_\_\_
3. My Social Security# \_\_\_\_\_
4. My last work site was \_\_\_\_\_
5. I retired on (date) \_\_\_\_\_
6. My last job title was \_\_\_\_\_
7. My Pension# \_\_\_\_\_
8. My Pension Option was \_\_\_\_\_
9. My TDA# \_\_\_\_\_
10. My TDA Beneficiary (ies) \_\_\_\_\_
11. My Health Plan \_\_\_\_\_
12. My Health Plan ID# \_\_\_\_\_
13. My Spouses Health Plan \_\_\_\_\_
14. Other organizational benefits (with contact information)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

**ADDITIONAL INFORMATION**

The previous data and contact information is specific to CSA retirees. There are numerous additional items that any survivor needs to access quickly and easily.

1. The original (official) copy of my will is located  
at \_\_\_\_\_  
\_\_\_\_\_
2. The attorney who has been handling my affairs  
is \_\_\_\_\_  
Contact \_\_\_\_\_

3. My tax papers are located

at \_\_\_\_\_

4. My accountant

is \_\_\_\_\_

Contact \_\_\_\_\_

5. I was a war veteran (yes or no) \_\_\_\_ If yes, Veterans claim \_\_\_\_\_

Contact Regional Office of the Veteran's Administration for New York at  
(800) 827-1000

6. Organizations which may provide a death benefit (list name, address, and  
phone number).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. ASSETS

Bank Accounts- Name and location of bank and type of account

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of accounts and numbers is kept at/

in \_\_\_\_\_

Safety Deposit Box is located at

\_\_\_\_\_

Key and box number is located at

\_\_\_\_\_

List your Investment

Broker(s) \_\_\_\_\_  
\_\_\_\_\_

**8. INSURANCE**

Life insurance policies (contracts) are located at/ in:

\_\_\_\_\_  
\_\_\_\_\_

**9. CONTACTS**

Specify the purpose for making the contract (religious services, burial society, professional service provider who has valuable information, friend/ family member who can contact others or assist in other ways, etc.)

Reason for contact:

\_\_\_\_\_  
Name (person and/or organization):

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_  
\_\_\_\_\_

Reason for contact:

\_\_\_\_\_  
Name (person and/or organization):

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_  
\_\_\_\_\_

Reason for contact:

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Name (person and/or organization):

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Address:

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Phone #

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Password for:

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