



Retirement Questionnaire

Name: _____ DOB: _____ Phone _____

Spouse: _____ DOB: _____ Phone 2 _____

Employer: _____ Position: _____ Email: _____

Work Phone Number: _____ Pay checks per year: _____ TSA deductions per year: _____

Total years of ASRS service (including any current service purchase): _____

Any additional available service purchase years?: Y / N How many years? _____

How many years do you wish to continue to work?: _____

What is your current salary (base pay plus any additional pay): _____

How much termination pay (sick days, etc.) do you expect at retirement: \$ _____

Social Security @ age 62 \$ _____ At age 66 \$ _____

Existing retirement savings:

Account Type	Company	Balance	Interest Rate	Month*
403(b)/TSA:	_____	_____	_____	_____
403(b)/TSA:	_____	_____	_____	_____
IRA:	_____	_____	_____	_____
ROTH IRA:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Please complete, scan, and email back to jbrekan@educatingeducators.com or fax to 480-922-2830