

MY SPOUSE DIED...NOW WHAT?

Companion Resource Library



RETIREMENT AND PENSION BENEFITS WORKSHEET

Record the information you receive from employers,
pension administrators, and retirement plan custodians.

Use this worksheet to keep track of all retirement plans, pensions, and retirement accounts in your spouse's name.
Attach additional sheets if you need more space.

1. DECEASED SPOUSE INFORMATION

Spouse's Full Name: _____ Date of Birth: _____
Date of Death: _____ Social Security Number (last 4): _____

2. RETIREMENT PLAN OR PENSION INFORMATION

	Plan / Pension #1	Plan / Pension #2	Plan / Pension #3	Plan / Pension #4
Employer / Plan Name				
Type of Plan / Pension (e.g., Pension, 401(k), 403(b), 457, IRA, Roth IRA, TSP, etc.)				
Plan Administrator / Custodian				
Contact Name				
Phone Number				
Mailing Address				
Email Address				
Account / Plan Number				
Website (if applicable)				

3. BENEFITS AND PAYMENT INFORMATION

Am I the named beneficiary?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Survivor Benefit Available?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Monthly Survivor Benefit	\$ _____	\$ _____	\$ _____	\$ _____
Date Monthly Payments Will Begin (if known)	_____	_____	_____	_____
Lump Sum Payment Option?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Lump Sum Amount (if known)	\$ _____	\$ _____	\$ _____	\$ _____
Other Benefit Options Discussed				

4. ACTION ITEMS AND DEADLINES

Forms / Documents Requested				
Date Forms Mailed or Expected	_____	_____	_____	_____
Deadline to Respond	_____	_____	_____	_____
Tax Professional Consulted?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Notes / Important Details				
Next Steps				

5. REPRESENTATIVE INFORMATION

Representative's Name				
Date of Conversation				
Confirmation / Reference Number				



Keep a copy of all forms and documents you submit
in your Important Documents binder.

*The plans of the diligent lead surely
to abundance. Proverbs 21:5*

COMPANION RESOURCES

See Appendix B – Retirement and Pension
Benefits Worksheet and Telephone Call Log.

RETIREMENT & PENSION SURVIVOR BENEFITS WORKSHEET

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COMPARING YOUR SURVIVOR BENEFIT OPTIONS

Use this worksheet to compare retirement income options, document important decisions, and record conversations with retirement plan administrators.

1 MONTHLY INCOME COMPARISON

Benefit Source	Monthly Amount
Survivor Pension	\$ _____
My Social Security Benefit	\$ _____
Survivor Social Security Benefit	\$ _____
Other Retirement Income	\$ _____
Annuity Income	\$ _____
Other Income	\$ _____
ESTIMATED TOTAL MONTHLY INCOME	\$ _____

2 SURVIVOR BENEFIT DETAILS

Survivor Pension Percentage (check one):

☐ 100% ☐ 75% ☐ 66⅔% ☐ 50% ☐ Other _____ %

Payments Begin: _____

Cost of Living Adjustments (COLA): ☐ Yes ☐ No

If yes, explain: _____

Health Insurance Continues? ☐ Yes ☐ No

If yes, describe: _____

3 RETIREMENT ACCOUNT DECISIONS

Accounts Available (check all that apply):

- ☐ Pension ☐ 401(k) ☐ 403(b)
☐ IRA ☐ Roth IRA ☐ Thrift Savings Plan (TSP)
☐ 457 Plan ☐ Other _____

Questions I Need Answered:

4 QUESTIONS FOR THE RETIREMENT PLAN ADMINISTRATOR

- ☐ Am I the beneficiary?
☐ What survivor benefits are available?
☐ Is there a lump-sum option?
☐ Can benefits begin immediately?
☐ Are there tax consequences?
☐ What deadlines apply?
☐ What forms must be completed?
☐ What happens if I wait?
☐ Can I change my election later?

Other: _____

5 PROFESSIONAL GUIDANCE



Tax Professional: _____ Date: _____

Recommendations: _____



Financial Advisor: _____ Date: _____

Recommendations: _____

6 ACTION ITEMS

- ☐ Requested forms
☐ Returned forms
☐ Beneficiary confirmed
☐ Survivor benefit approved
☐ Direct deposit established
☐ Taxes reviewed
☐ Copies filed in binder
☐ Follow-up appointment scheduled

Other: _____

7 NOTES

