

MOAA
INFO EXCHANGE®

Personal Affairs Action Guide

A Personal Inventory for Peace of Mind

A PUBLICATION OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA



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If you have questions about the information provided in this guide, contact MOAA's Benefits Information and Financial Education Department at **(800) 234-MOAA (6622)** or email **beninfo@moaa.org**.

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The information contained in this publication is intended for personal use by individuals who serve or who have served in the U.S. military and is not meant to substitute for legal or professional services. The regulations covering the entitlements discussed herein are constantly amended — the information within is current as of the publication date.

Welcome

This inventory offers you an opportunity to organize crucial information in one compact guide, so you can keep it readily accessible right at home. This publication takes personal planning a step further in allowing you to organize data regarding your family, too.

Use these members-only tools from MOAA to get a handle on essential data — from basic contact information to in-depth listings of investments, legal documents, insurance policies, and much more. Once you've completed each section that applies to your circumstances, this guide will be invaluable as a one-stop resource for your entire family.

You have the option to complete this guide on your computer, with downloadable files available from www.moaa.org/personalaffairsactionguide. Save your critical information in the format — hard-copy or digital — that best suits you.

Record-keeping

This could potentially end up like your address book — rife with opportunity to cross out and rewrite entries multiple times. Try using pencil for the items sure to need frequent updates.

Tip: Remember to update your information in the Defense Eligibility Enrollment Reporting System (DEERS) when you have a family life event.

Self

First name	Middle	Last
Rank	Service	SSN
Current address		
Contact information		
Driver's license number/expiration date and state		
Military ID card number/expiration date		

Spouse

First name	Middle	Last
(if applicable) Rank	Service	SSN
Current address		
Contact information		
Driver's license number/expiration date and state		
Military ID card number/expiration date		

Military Treatment Facility

Self

Primary care provider	Clinic/location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Spouse

Primary care provider	Clinic/location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Child

Primary care provider	Clinic/location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Child

Primary care provider	Clinic/location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Child

Primary care provider	Clinic/location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Emergency contacts

Name	Location	Contact information
------	----------	---------------------

Name	Location	Contact information
------	----------	---------------------

Name	Location	Contact information
------	----------	---------------------

Individual Records

Self

Date and place of birth:

Date	City	State/province	Country
------	------	----------------	---------

Naturalization (if applicable):

Designation and location of court granting naturalization

Parents' names:

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

Date and place of birth	Date and place of death
-------------------------	-------------------------

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

Date and place of birth	Date and place of death
-------------------------	-------------------------

Marriage(s):

To whom: First	Middle	Last (maiden)
----------------	--------	---------------

Date and place: Month, day, year	City	State
----------------------------------	------	-------

If ended: Reason, date, place

To whom: First	Middle	Last (maiden)
----------------	--------	---------------

Date and place: Month, day, year	City	State
----------------------------------	------	-------

If ended: Reason, date, place

Spouse

Date and place of birth:

Date	City	State/province	Country
------	------	----------------	---------

Naturalization (if applicable):

Designation and location of court granting naturalization

Parents' names:

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

Date and place of birth	Date and place of death
-------------------------	-------------------------

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

Date and place of birth	Date and place of death
-------------------------	-------------------------

Marriage(s):

To whom: First	Middle	Last (maiden)
----------------	--------	---------------

Date and place: Month, day, year	City	State
----------------------------------	------	-------

If ended: Reason, date, place

To whom: First	Middle	Last (maiden)
----------------	--------	---------------

Date and place: Month, day, year	City	State
----------------------------------	------	-------

If ended: Reason, date, place

Child

Name	SSN
------	-----

Address

Date – birth	Place of birth
--------------	----------------

Child

Name	SSN
------	-----

Address

Date – birth	Place of birth
--------------	----------------

Employers

Self

Employer	Address
Human resources department contact information	

Spouse

Employer	Address
Human resources department contact information	

Education

Self

Institution attended	Year(s)	Degree(s) conferred

Spouse

Institution attended	Year(s)	Degree(s) conferred

Membership in Associations or Clubs

1. <u>MOAA, 201 N. Washington St., Alexandria, VA 22314, (800) 234-MOAA (6622), www.moaa.org</u>	
Name	Contact information
Membership number	Member since
2. _____	
Name	Contact information
Membership number	Member since

3. _____
Name Contact information

Membership number Member since

Family Records

Tip: If you haven't already established a storage location for each of these important documents — whether in a fireproof safe, a safety deposit box, or some other secure location — now is a good time to do so.

List where you keep the following, as applicable.

Birth certificates or other proof of date of birth of each family member: _____

Medical and immunization records: _____

Passports (record passport number, if desired): _____

Adoption papers: _____

Naturalization papers: _____

Divorce decrees, death certificates, or certified copies thereof for either spouse: _____

Marriage certificates: _____

Military Service Records

If you're missing some service records, start with the National Archives and Records Administration's National Personnel Records Center/Military Personnel Records Center. This federal archive holds records for those who have served in the Army, Navy, Marine Corps, Coast Guard, and Air Force. Call (866) 272-6272 or (314) 801-0800 or check online at www.archives.gov/veterans or www.archives.gov/st-louis/military-personnel/index.html.

List where you store service-related paperwork, awards, decorations, etcetera:

Financial Information

Some of these listings will be joint accounts; some will be individual. Many banks, credit card issuers, etcetera, will not share account information with non-account holders. Does the non-account holder in each of these listings have permission on file with the financial institution to make inquiries about or changes to the account? This could be helpful if the account owner is or becomes unable to make decisions about the account.

Bank Accounts

Include checking, savings, and credit union accounts (and accounts in children's names).

1. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

2. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

3. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

4. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

Safety Deposit Box

Name and address of bank or trust company

Name of keyholder(s)

Location of key

Mutual Funds and Brokerage Accounts

1. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

2. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

3. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

4. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

5. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

6. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

7. Financial institution: _____

Account number: _____

Type of account: _____

Name(s) on account: _____

Current balance: _____

Retirement Funds/Benefits

Include Roth and traditional IRAs, 401(k) or 403(b) plans, TSP accounts, annuities, and military retired pay.

1. Plan or company name: _____

Type of benefit (pension or 401(k)): _____

Name of participant: _____

Date of employment: _____

Date of termination: _____

Current value: _____

2. Plan or company name: _____

Type of benefit (pension or 401(k)): _____

Name of participant: _____

Date of employment: _____

Date of termination: _____

Current value: _____

3. Financial institution or holding IRA: _____

IRA type: ☐ Roth ☐ Traditional ☐ Spousal

Name of owner: _____

Current value: _____

Beneficiary: _____ Secondary beneficiary: _____

4. Financial institution or holding IRA: _____

IRA type: ☐ Roth ☐ Traditional ☐ Spousal

Name of owner: _____

Current value: _____

Beneficiary: _____ Secondary beneficiary: _____

5. Military branch : _____

Date entered service: _____

Date of retirement: _____

Monthly retired pay: _____

Social Security

Social Security benefits are described in depth at www.ssa.gov. If you have questions about a specific situation, you can call or visit a local office. Find one by going to www.ssa.gov and clicking “Find a Social Security Office” from the left-hand menu or call (800) 772-1213.

Local Social Security Administration office

Contact information

Current monthly benefit:

Self: _____ Spouse: _____

VA Disability Benefits

1. VA claim number: _____

Disability: _____

Beneficiary: _____

Disability award date: _____

Current monthly benefit: _____

2. VA claim number: _____

Disability: _____

Beneficiary: _____

Disability award date: _____

Current monthly benefit: _____

Income Tax

Tip: MOAA’s certified financial planners recommend keeping these records for at least seven years.

Copies of federal and state income tax returns and related documents are located at:

Credit Cards

1. Name of creditor: _____
Account number: _____
Total balance: _____
Monthly payment: _____ Interest rate: _____
2. Name of creditor: _____
Account number: _____
Total balance: _____
Monthly payment: _____ Interest rate: _____
3. Name of creditor: _____
Account number: _____
Total balance: _____
Monthly payment: _____ Interest rate: _____
4. Name of creditor: _____
Account number: _____
Total balance: _____
Monthly payment: _____ Interest rate: _____

Loans and Other Liabilities

Include home and land loans, vehicle loans, and other personal debt.

1. Description: _____
Whose debt? ☐ Client ☐ Spouse ☐ Joint
If joint, what kind? ☐ Survivorship ☐ Common ☐ Entirely ☐ Community property
☐ Other w/client ☐ Other w/spouse
Lender: _____ Outstanding OR Balance: _____
Initial loan amount: _____ Date loan began: _____ Term: _____
Interest rate: _____ Monthly payments: _____ OR Date to pay full balance: _____
2. Description: _____
Whose debt? ☐ Client ☐ Spouse ☐ Joint
If joint, what kind? ☐ Survivorship ☐ Common ☐ Entirely ☐ Community property
☐ Other w/client ☐ Other w/spouse

Lender: _____ Outstanding OR Balance: _____

Initial loan amount: _____ Date loan began: _____ Term: _____

Interest rate: _____ Monthly payments: _____ OR Date to pay full balance: _____

3. Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If joint, what kind? ☐ Survivorship ☐ Common ☐ Entirely ☐ Community property
☐ Other w/client ☐ Other w/spouse

Lender: _____ Outstanding OR Balance: _____

Initial loan amount: _____ Date loan began: _____ Term: _____

Interest rate: _____ Monthly payments: _____ OR Date to pay full balance: _____

4. Description: _____

Whose debt? ☐ Client ☐ Spouse ☐ Joint

If joint, what kind? ☐ Survivorship ☐ Common ☐ Entirely ☐ Community property
☐ Other w/client ☐ Other w/spouse

Lender: _____ Outstanding OR Balance: _____

Initial loan amount: _____ Date loan began: _____ Term: _____

Interest rate: _____ Monthly payments: _____ OR Date to pay full balance: _____

Insurance

MOAA offers many insurance plans to members, including life and long term care insurance and a TRICARE supplemental program called MEDIPLUS®. Learn more about plan details and the low group rates at www.moaainsurance.com.

Life Insurance

Self

I. Insurance company: _____

Name of insured: _____

Name of owner: _____

Death benefit: _____

Policy number: _____

Type of policy (term or whole life): _____

Cash surrender value: _____

Beneficiary: _____

2. Insurance company: _____

Name of insured: _____

Name of owner: _____

Death benefit: _____

Policy number: _____

Type of policy (term or whole life): _____

Cash surrender value: _____

Beneficiary: _____

Spouse

1. Insurance company: _____

Name of insured: _____

Name of owner: _____

Death benefit: _____

Policy number: _____

Type of policy (term or whole life): _____

Cash surrender value: _____

Beneficiary: _____

2. Insurance company: _____

Name of insured: _____

Name of owner: _____

Death benefit: _____

Policy number: _____

Type of policy (term or whole life): _____

Cash surrender value: _____

Beneficiary: _____

Child(ren)

1. Insurance company: _____

Name of insured: _____

Name of owner: _____

Death benefit: _____

Policy number: _____

Type of policy (term or whole life): _____

Cash surrender value: _____

Beneficiary: _____

2. Insurance company: _____

Name of insured: _____

Name of owner: _____

Death benefit: _____

Policy number: _____

Type of policy (term or whole life): _____

Cash surrender value: _____

Beneficiary: _____

Survivor Benefit Program and Dependency & Indemnity Compensation

The Survivor Benefit Plan (SBP), created by Congress as a voluntary contribution program, provides income protection for uniformed service retirees' survivors. Because service retirement pay ends with the servicemember's death, SBP is a way to pass on a portion of earned retirement pay to servicemembers' survivors. SBP is indexed to the annual COLA.

The VA's Dependency & Indemnity Compensation is a monthly payment made to eligible survivors. Those eligible include survivors of active duty servicemembers and veterans whose deaths were determined by the VA to be service-related. It is a flat monthly payment independent of the pay grade of the veteran. This payment is adjusted annually for cost-of-living increases and is tax-free.

The VA publishes a comprehensive book for survivors called *A Survivor's Guide to Benefits* at www.vba.va.gov/survivors/agencies.htm.

Health Insurance

Include TRICARE and supplemental health policies, dental, vision, short-term disability, long term care, accident, and specialized policies for specific circumstances such as cancer. *MOAA's insurance offerings include MEDIPLUS®, with flexible coverage that allows you to choose the best plan for yourself and your family. MEDIPLUS works hand-in-hand with your TRICARE coverage to pay more of your medical bills and gives you protection for everything from hospital stays to doctor visits and prescription drugs. Find out more at www.moaainsurance.com.*

Self

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Annual deductible: _____

Copayment: _____

Spouse

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Annual deductible: _____

Copayment: _____

Dental Insurance

Self

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Annual deductible: _____

Copayment: _____

Spouse

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Annual deductible: _____

Copayment: _____

Vision Insurance

Self

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Annual deductible: _____

Copayment: _____

Spouse

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Annual deductible: _____

Copayment: _____

Other Insurance

This is the place to include your renter's insurance information if you don't own your home, and it's also a good spot to note any policy riders for high-ticket items and collectibles. Some people even have health care coverage for their pets.

Property Insurance

Primary Residence

Insurance company: _____

Insurance company phone: _____

Property address: _____

Policy number: _____

Annual premium: _____

Deductible: _____

Secondary Residence

Insurance company: _____

Insurance company phone: _____

Property address: _____

Policy number: _____

Annual premium: _____

Deductible: _____

Vehicle Insurance

(Auto, motorcycle, boat, aircraft, etcetera)

1. Insurance company: _____

Insurance company phone: _____

Property address: _____

Policy number: _____

Annual premium: _____

Deductible: _____

2. Insurance company: _____

Insurance company phone: _____

Property address: _____

Policy number: _____

Annual premium: _____

Deductible: _____

3. Insurance company: _____

Insurance company phone: _____

Property address: _____

Policy number: _____

Annual premium: _____

Deductible: _____

4. Insurance company: _____

Insurance company phone: _____

Property address: _____

Policy number: _____

Annual premium: _____

Deductible: _____

Long Term Care Insurance

Self

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Policy number: _____

Elimination period: _____

Daily benefit: _____

Lifetime benefit: _____

Home health care provision: ☐ Yes ☐ No

Spouse

Insurance company: _____

Insurance company phone: _____

Policy number: _____

Name of insured: _____

Policy number: _____

Elimination period: _____

Daily benefit: _____

Lifetime benefit: _____

Home health care provision: ☐ Yes ☐ No

Wills and Other Arrangements

Let's focus on the basics — wills and powers of attorney. If you don't have these, contact the staff judge advocate office at your closest installation. Folks there can help you draft these and other legal documents. *Another option is to check MOAA's Lawyer Listing service (www.moaa.org/lawyerlisting) to find an attorney — a fellow MOAA member — who will give you a 25-percent discount.*

Wills

Self

☐ I have ☐ I have not executed a will

☐ I have ☐ I have not executed a living will/advanced directive (*The living will — also known as a medical directive or advance health care directive — is a declaration of what medical care and/or procedures you do or do not want should you become incapacitated due to injury or illness.*)

Will is kept at: _____

Executor's name and contact information: _____

Lawyer's name and contact information: _____

Spouse

☐ I have ☐ I have not executed a will

☐ I have ☐ I have not executed a living will/advanced directive

Will is kept at: _____

Executor's name and contact information: _____

Lawyer's name and contact information: _____

Tip: If you want certain possessions to go to certain people, make sure to spell it out in your will.

Powers of Attorney

Powers of attorney come in many forms — medical, general, and financial. Ensure you have the ones you will need and that you understand their scope. Remember, a durable power of attorney will survive your incapacity, but no power of attorney survives your death.

Self

☐ I have ☐ I have not executed a power of attorney. Date: _____

Type	Date established/expiration date	Where kept
Naming (agent or attorney in fact)		
Address		Contact information

Spouse

☐ I have ☐ I have not executed a power of attorney. Date: _____

Type	Date established/expiration date	Where kept
Naming (agent or attorney in fact)		
Address		Contact information

By filling in the previous sections of this workbook, you've been proactive about making sure you have a family resource that is useful in daily life as well as in emergencies. You can continue to make those proactive choices by reading through the next section, which touches on planning for your family's future after you're gone.

MOAA has a number of publications that can assist in this process, including Estate Planning and Survivor's Checklist: First Steps for Moving On. Visit www.moaa.org/infoexchange to review the full list of titles.

Other resources include the VA (www.va.gov); the Tragedy Assistance Program for Survivors (TAPS, www.taps.org); and the Armed Forces Services Corp. (AFSC, www.afsc-usa.com).

Your spouse will have to make many decisions at this time, and it will be easier if you've made your wishes known. Following are some choices to consider.

Notification

Whom do you want to be informed of your death?

Name	Contact information
Name	Contact information
Name	Contact information
Name	Contact information
Name	Contact information

Funeral

Do you wish to be cremated? _____

(Rules 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.)

Where do you want to be buried (national or local cemetery, family plot, etcetera)?

(If burial at sea is desired, a letter so stipulating should be prepared and filed with your personal papers.)

What type of funeral do you want? _____

(A funeral director, apart from the unique and indispensable services performed, is usually well-informed regarding the administrative details of a servicemember's death. Depending on religious preference or affiliation, clergy may be either essential or merely of assistance. Families with strong religious ties should consult their clergy before making funeral arrangements.)

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:”

Name of cemetery, columbarium, etcetera	Contact information
Military ceremony and honors	
Uniform/dress	
Hymns, psalms, scripture, special service requests	
Pallbearers	
Flowers (or in lieu of flowers)	

Obituary Notice

A biographical sketch will be helpful in preparing an obituary news story. A photo should be attached. Doing this now will save time and confusion when the time comes.

Glossary

Advance directives: Legal documents outlining people's wishes about critical care when they are incapacitated and/or unable to make such decisions. There are two types of advance directives: (1) a medical power of attorney, which authorizes someone else, such as a patient advocate, to make decisions on the patient's behalf, and (2) a living will, which allows patients to spell out their wishes about care and treatment choices they'll want when they can't speak for themselves.

Annuity: Regular, periodic payments made by an insurance company to a policyholder for a specified period of time. The term also applies to the form of contract or investment product sold by insurance companies that guarantees a fixed or variable payment to a beneficiary at some future time.

Beneficiary: The person named to receive proceeds or benefits of a will or financial contract when the property owner dies. This could be a spouse, a child, or a charity.

Cash value: The amount an insurance company pays if an insurance policy is voluntarily terminated before its maturity or before the insured event occurs. It represents the savings portion of most permanent life insurance policies, especially whole life insurance.

Coverdell Education Savings Account (ESA): A government-established, tax-deferred account for funding qualified educational expenses for beneficiaries 18 years of age or younger, with a maximum contribution per year of \$2,000. Distributions are free from federal (and most state) income taxes if used for qualified education expenses for secondary or higher education.

Custodial (UGMA/UTMA) account: An account managed by an adult custodian for the benefit of a minor under the age of 18 to 21 (age of majority varies by state). Most states have adopted either the Uniform Gift to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA) as a way to transfer property ownership to children. There are no maximum contribution limits, and the custodian might realize some income tax benefit. This type of account was often used before other college-funding options (such as Coverdell ESAs and Section 529 plans) became available.

Durable power of attorney: A general, special/limited, or medical power of attorney that contains "durability" provisions, which allow the document to stay in effect if the grantor becomes mentally incompetent due to illness or accident. The grantor can stipulate that the power of attorney won't take effect until he or she is mentally incapacitated. (See *General power of attorney*, *Medical or health care power of attorney*, or "Special" power of attorney for financial issues.)

Face/par value: The amount that an issuer will pay upon maturity of an investment.

General power of attorney: A legal document enabling someone to act as the attorney or agent of the grantor. The agent can have broad or special/limited legal authority to make decisions about the principal's property and finances. A general power of attorney gives sweeping authority over the grantor's personal issues, versus a special power of attorney, which provides authority over very specific issues. A power of attorney typically has a stated end date. (See *Durable power of attorney*, *Medical or health care power of attorney*, "Special" power of attorney for financial issues.)

IRA: An individual retirement account (IRA), also called a traditional IRA, is a savings or investment account in which a person may deposit up to a stipulated amount each year; the deposits may be deductible from taxable income, depending on a contributor's tax bracket. The account grows tax-deferred, and assets may be withdrawn after age 59½ without penalty. Withdrawals are subject to state and federal income taxes. Current annual contribution limits (in 2011) are \$5,000. Contributors older than age 50 are allowed an additional \$1,000 in catch-up contributions. (See *Roth IRA*, *Spousal IRA*.)

Living will: A legal document in which a person establishes health care directives to be enacted when he or she is unable to communicate. (See Advance directives.)

Medical or health care power of attorney: A legal document that allows an individual to empower another with decisions regarding his or her health care and medical treatment. A medical power of attorney becomes active when a person is unable to make decisions or consciously communicate intentions regarding treatments.

Mutual fund: A professionally managed investment company that collects money from shareholders to invest in a diversified group of securities.

Premium: The cost charged by an insurer to provide coverage for a defined length of time.

Roth IRA: An IRA to which the contributions are not tax-deductible, but from which qualified distributions are tax-free. A qualified distribution is one that is taken at least five years after a taxpayer establishes a Roth IRA and when he or she is age 59½, disabled, using the withdrawal to purchase a first home (limit \$10,000), or deceased (in which case the beneficiary collects). As with some other retirement plans, non-qualified distributions from a Roth IRA may be subject to a withdrawal penalty. Contribution limits are the same as for traditional IRAs. (See *IRA*, *Spousal IRA*.)

Section 529 plan: A tax-advantaged savings plan for qualified higher education expenses at eligible educational institutions. The investment grows tax-deferred, and distributions to pay for the beneficiary's college costs are free from federal tax and most state income taxes. 529 plans can either be prepaid tuition plans (only available in some states), which lock in tuition at current rates, or market-based investment plans (available in 49 states).

Security: A document such as a bond or stock certificate showing evidence of ownership; essentially a contract with a given value that can be traded.

“Special” power of attorney for financial issues: A power of attorney that allows an individual to empower another with decisions regarding his or her financial matters. For military matters, the “special” power of attorney must specify that the agent has the power to establish, change, or stop military allotment(s) with the Defense Finance and Accounting Service (DFAS). (See *Durable power of attorney*, *General power of attorney*, *Medical or health care power of attorney*.)

Spousal IRA: Available to spouses who do not work outside the home, a spousal IRA may be either a traditional or Roth IRA. Contribution limits are the same as for traditional IRAs. (See *IRA*, *Roth IRA*.)

Will: A legal document declaring a person's wishes as to how his or her property should be distributed after death. A will also can be used to establish guardianship for children.

MOAA MEMBER SERVICES

Get more when you take advantage of MOAA's many member services.

Benefits Counseling — MOAA's experts provide assistance and advice relating to military benefits and entitlements, health coverage, and finances.

Health, Life, and Long Term Care Insurance — Take advantage of insurance options that supplement military entitlements.

Financial Services — Turn to MOAA for the valuable resources you need to plan for retirement, save for college, and manage your finances.

Legislative Advocacy — Since 1929, MOAA has been fighting on Capitol Hill to preserve the interests of all military personnel and their families.

Military Officer magazine — MOAA's award-winning magazine offers diverse feature articles, reports on legislation, and much more.

Member Discounts — Save hundreds of dollars when you take advantage of the special members-only pricing on everything from legal services to your next vacation.

Career Planning — Our award-winning TOPS program offers job fairs, résumé help, interviewing and salary negotiation tips, and more.

**FOR MORE DETAILS ON THESE MEMBER SERVICES,
PLEASE VISIT WWW.MOAA.ORG.**



Military Officers Association of America
201 N. Washington Street, Alexandria, VA 22314
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THE MOAA INFO EXCHANGE®

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Suvivor Benefits

Preparing for Your Second Career

Financial Planning

National Guard and Reserve Retirement Benefits

Military Retirement

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