

Personal Profile

Date: _____

To Complete a Benefit Analysis we would like to have your most recent:

- 1. Leave and Earnings Statement
- 2. Thrift Savings Plan (TSP) Statement and Loan Statement (www.tsp.gov)
- 3. Social Security Earnings Statement (www.ssa.gov)

Client

_____ M F
 First Name M.I. Last Name DOB

Life Status: Single Married Divorced Widowed Life Partner

Home Information

Address _____ Phone: _____

_____ Cell: _____

City _____ State _____ Zip _____ Email: _____

Employment Information

Employer _____ Job Title _____

Address _____ Phone: _____

_____ Fax: _____

City _____ State _____ Zip _____ Email: _____

Family Information

Spouse/Life Partner

_____ M F
 First Name M.I. Last Name DOB

Dependent Children

_____ M F
 First Name M.I. Last Name DOB

_____ M F
 First Name M.I. Last Name DOB

_____ M F
 First Name M.I. Last Name DOB

_____ M F
 First Name M.I. Last Name DOB

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Income

Annual Income

Client

Spouse/Life Partner

Salary/Draw _____

Bonus/Commissions _____

Interest/Dividends _____

Rental Income _____

Child Support _____

Other _____

Do you expect your income to:

Increase Decrease Stay the Same Annual Change _____%

Creditable Service

Service Computation Date (SCD): _____ Government Service Level: _____

Have you made contributions to your retirement system since your SCD? Yes No

Have you ever taken leave without pay? Yes No Dates: From _____ to _____

Were you ever on worker's compensation? Yes No Dates: From _____ to _____

Do you have any part time work? Before 4/7/86 Yes No Avg. hours _____ Salary _____
After 4/7/86 Yes No Avg. hours _____ Salary _____

Did you ever have intermittent (WAE) work? Yes No Dates: From _____ to _____

Did you ever have a break in service? Yes No Dates: From _____ to _____

Are you retired from the military? Yes No

Does your retirement include Combat Disability or the Reserves? Yes No

What were your dates of service? From _____ to _____

Do you plan to waiver your military retirement to include it with your civilian service? Yes No

Have you made a deposit for your military service? Yes No

Do you have any non-deduction (temporary time) service? Yes No Dates: From _____ to _____

Did you ever have a break in service and withdraw your contributions to your retirement system? Yes No Dates: From _____ to _____

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Retirement

At what age do you want to Retire? _____ Spouse? _____ Projected Retirement Date _____

Retirement System: CSRS CSRS Offset FERS Transfer If transfer, what date? _____Employee Type: Regular Postal Air Control Law FireRetirement Type: Regular Optional MandatorySurvivor Benefit Desired: (1) CSRS: 0% to 100% ; (2) FERS: 0% 25% 50%CSRS Sick Leave Hours to be saved each pay period (hours – biweekly): 0 1 2 3 4
CSRS Sick Leave Saved to date (hours): _____**Federal Employees Group Life Insurance Coverage**Basic: Yes No If yes, reduction at age 65: None 50% 75%Option A: Yes NoOption B: Yes No If yes, how much? 1 2 3 4 5 Times
Reduce after 65? Yes NoOption C: Spouse? Yes No If yes, how much? 1 2 3 4 5 Times
Reduce after 65? Yes NoDependents Covered? Current Age _____ Current Age _____ Current Age _____
Coverage Eligible after age 22? Yes No Yes No Yes NoOther Life Insurance? Yes No Amount _____ Type _____**Thrift Savings Plan**Do you participate in the Thrift Savings Plan? Yes No

Total amount currently in the plan? \$ _____

Current Savings in Funds: C: \$ _____ F: \$ _____ G: \$ _____ I: \$ _____ S: \$ _____
L: \$ _____ Which L funds are you in? _____Percent Invested in Funds: C: _____ % F: _____ % G: _____ % I: _____ % S: _____ %
L: \$ _____

Percent of Salary to invest this year: _____ % or Bi-weekly Contribution: \$ _____

TSP Loan? Yes No If yes, total amount of the loan: \$ _____Registered Representative of, and securities, advisory services and insurance products are offered through **INVEST Financial Corporation** (INVEST), member FINRA/SIPC, a registered broker/dealer and a federally registered Investment Advisor, and affiliated insurance companies. INVEST is not affiliated with Livingston Financial Group.

Other Assets

Primary Residence

Purchase Price: \$ _____ Current Value: \$ _____ Current Loan: \$ _____
 Interest Rate: _____% Loan Term (years) _____ Years paid _____ Payment \$ _____

Asset	Value	Location	Current Interest/ Return Rate
Savings	\$ _____	_____	_____
CD's/MM	\$ _____	_____	_____
Rental Properties	\$ _____	_____	_____
Stocks/Bonds/Mutual Funds	\$ _____	_____	_____
Retirement Accounts	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

Social Security

	<u>You</u>	<u>Your Spouse</u>
Benefit at Age 62	\$ _____	\$ _____
Benefit at Full Retirement	\$ _____	\$ _____

Financial Goals

Goals	Spouse or Life Partner's Goals
_____	_____
_____	_____
_____	_____
_____	_____

Notes

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