



605.882.3680



413.513.2421



403 10th Street NW  
Watertown, SD 57201



mfservicesinc.com



**Millennium  
Financial  
Services Inc.**

### FEDERAL EMPLOYEE INFORMATION SHEET

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

SPOUSE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

DEPENDENT CHILDREN-AGES \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ SPOUSE EMPLOYER \_\_\_\_\_

ARE YOU PLANNING TO LEAVE A SURVIVOR BENEFIT? \_\_\_\_\_

#### JOB DATA

AGENCY, LOCATION & POSITION \_\_\_\_\_

SALARY \_\_\_\_\_ SERVICE COMP DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DOES SCD INCLUDE MILITARY TIME? \_\_\_\_\_ DATES IN MILITARY \_\_\_\_/\_\_\_\_/\_\_\_\_

DID YOU BUY TIME? \_\_\_\_\_ SICK LEAVE HRS \_\_\_\_\_

CSRS \_\_\_\_\_ FERS \_\_\_\_\_ TRANSFER DATE \_\_\_\_\_

BASIC FEGLI YES \_\_\_\_\_ NO \_\_\_\_\_

-OPTIONAL FEGLI-

OPTION A: YES \_\_\_\_\_ NO \_\_\_\_\_ (ADDITIONAL 10,000)

OPTION B: YES \_\_\_\_\_ NO \_\_\_\_\_ (\_\_\_\_ X's) (1 TO 5 TIMES YOUR SALARY)

OPTION C: YES \_\_\_\_\_ NO \_\_\_\_\_ (\_\_\_\_ X's) (FAMILY- 1 TO 5 TIMES)

APPROX. RETIREMENT AGE \_\_\_\_\_

DO YOU CONTRIBUTE TO THRIFT? YES/NO (AMOUNT \_\_\_\_\_%) C \_\_\_\_\_ F \_\_\_\_\_ G \_\_\_\_\_ S \_\_\_\_\_ I \_\_\_\_\_ L \_\_\_\_\_

L Income \_\_\_\_\_ L2020 \_\_\_\_\_ L2030 \_\_\_\_\_ L2040 \_\_\_\_\_ L2050 \_\_\_\_\_

APPROX. TRADITIONAL BALANCE \_\_\_\_\_ APPROX. ROTH BALANCE \_\_\_\_\_

PERSONAL LIFE INSURANCE AMOUNT	COMPANY NAME	COST
_____	_____	_____

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**SCHEDULED MEETING**

**BEST TIME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **WILL SPOUSE BE AVAILABLE TO REVIEW ANALYSIS?** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**MAILING ADDRESS (If different from above address)** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**WHAT IS YOUR BIGGEST CONCERN?** \_\_\_\_\_

**WHAT DO YOU HOPE TO ACCOMPLISH DURING THIS MEETING?**

\_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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