

FEDERAL EMPLOYEE INFORMATION SHEET

Name:			DOB	:			
Spouse:			DOB	3:			
Dependent Children-Ages:,			,			,	
Spouse Employer:	_ Are you plan	planning to leave a survivor benefit?					
	JOB DAT	Ā					
Agency, Location & Position:							
Salary:		rice Comp D	ate:				
Does SCD include military time?		s in Military	<u> </u>				
Did you buy time?	Sick	leave hours	s:				
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 y	our salary)					
Option C: ☐ Yes ☐ No (X's)	(Family - 1 to	5 times)					
Approximate Retirement Age:							
Do you contribute to thrift? \square Yes \square No (Amount $_$	%) C	F	G	S	I	L	
If using L f	unds, which one	e and what p	ercentage?				
Approximate Traditional Balance: Approximate Roth Balance:							
Personal Life Insurance Amount Company	Name		Cost				

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SCHEDULED MEETING					
Best Time:	Date:	Will spouse be available to review analyst? ☐ Yes ☐ No			
Home Phone:	Work Phone:	Cell Phone:			
Home Address:					
Mailing Address (if diffe	rent from above address):				
Email Address:					
What is your biggest co	ncern?				
What do you hope to ac	complish during this meeting?				
Comments:					

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