



www.LivingstonFinancialGroup.com

## PERSONAL PROFILE

### 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](http://www.tsp.gov))
3. Social Security Earnings Statement ([www.ssa.gov](http://www.ssa.gov))

#### Client

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ ☐ M ☐ F \_\_\_\_\_  
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

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ ☐ M ☐ F \_\_\_\_\_  
DOB \_\_\_\_\_

##### Dependent Children

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ ☐ M ☐ F \_\_\_\_\_  
DOB \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ ☐ M ☐ F \_\_\_\_\_  
DOB \_\_\_\_\_

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DOB \_\_\_\_\_

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## PERSONAL PROFILE

### Income

#### Annual Income

Salary/Draw  
Bonus/Commissions  
Interest/Dividends  
Rental Income  
Child Support  
Other

#### Client

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Spouse/Life Partner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 waive 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 \_\_\_\_\_

### Leave & Earnings Data (pay stub)

Retirement Deduction	\$ _____	OASDI Tax	\$ _____	Medicare Tax	\$ _____
Federal Tax	\$ _____	State Tax	\$ _____	FSA	\$ _____
FEGLI - Regular	\$ _____	FEGLI - OPT	\$ _____	Charity	\$ _____
Health - Pretax	\$ _____	Dental / Vision	\$ _____	Association	\$ _____
TSP Contribution	\$ _____	TSP Catch Up	\$ _____	TSP Loan	\$ _____
Allotment Deduction	\$ _____	Union Dues	\$ _____	Other	\$ _____

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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 ☐ Fire

Retirement Type: ☐ Regular ☐ Optional ☐ Mandatory

Survivor 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 ☐ No

Option B: ☐ Yes ☐ No If yes, how much? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Times  
Reduce after 65? ☐ Yes ☐ No

Option C: Spouse? ☐ Yes ☐ No If yes, how much? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Times  
Reduce after 65? ☐ Yes ☐ No

Dependents Covered? Current Age \_\_\_\_\_ Current Age \_\_\_\_\_ Current Age \_\_\_\_\_  
Coverage Eligible after age 22? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Other 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: \$ \_\_\_\_\_

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## PERSONAL PROFILE

### 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

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Spouse or Life Partner's Goals

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### Notes

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