

## Confidential Questionnaire

Federal Employee Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Children: Names and ages- \_\_\_\_\_

**Your retirement system:**

\_\_\_\_\_ CSRS Desired Retirement Date: \_\_\_\_\_ (Please also provide an alt. date)

\_\_\_\_\_ FERS Service Computation Date: \_\_\_\_\_

\_\_\_\_\_ CSRS offset Sick Leave (as of today): \_\_\_\_\_

\_\_\_\_\_ FERS transfer Voluntary Retirement: \_\_\_\_\_

\_\_\_\_\_ Law Enforcement Early Out: \_\_\_\_\_

\_\_\_\_\_ Firefighter Mandatory Retirement: \_\_\_\_\_

\_\_\_\_\_ Air Traffic Controller Annual Salary: \_\_\_\_\_ \*\*

\_\_\_\_\_ Reservist

Do you owe any deposit or redeposit time? (circle one) Amount \_\_\_\_\_

Dates: \_\_\_\_\_ - \_\_\_\_\_

***Voluntary Contribution Program: (CSRS & CSRS Offset only)***

Have you made contributions to this program? Y/N Amount: \_\_\_\_\_ (Monthly, Annual, Occasional)

\*\* base pay, locality pay, night differential pay for wage grade, standby pay firefighters, AUO & Leap for Law Enforcement

**Thrift Savings Plan (TSP)**

What % do you contribute per pay period? \_\_\_\_\_ Amount: \_\_\_\_\_ (2015 Max is \$18,000.00)

Present Balances:

G fund: \_\_\_\_\_ F fund: \_\_\_\_\_ C fund: \_\_\_\_\_ I fund: \_\_\_\_\_ S fund: \_\_\_\_\_

% or \$ amount of current contributions:

G fund: \_\_\_\_\_ F fund: \_\_\_\_\_ C fund: \_\_\_\_\_ I fund: \_\_\_\_\_ S fund: \_\_\_\_\_

Will you increase your contributions each year? Y/N \_\_\_\_\_ % or \$ amount \_\_\_\_\_

**Federal Employee Group Life Insurance (FEGLI)**

Basic: Y/N \*\* (free for postal EE's- All other government EE's pay 2/3)

Option A: Y/N

Option B: Y/N 1-2-3-4-5 Multiple

Option C: Y/N 1-2-3-4-5 Spouse ~ 1-2-3-4-5 Children

**Spouses Employer:**

Employers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Pension at retirement? Y/N Monthly amount: \_\_\_\_\_

401K Balance: \_\_\_\_\_ Contribution amount & %: \_\_\_\_\_ Company Match: \_\_\_\_\_

Risk tolerance: Conservative-Moderate-High

Date planning to retire: \_\_\_\_\_

**Other Assets:**

MM/CD/Credit Union/Savings \_\_\_\_\_

Investments: (Mutual Funds/ETF's/Stocks/Bonds) \_\_\_\_\_

IRA's: \_\_\_\_\_ Owner: \_\_\_\_\_ Contribution amounts: \_\_\_\_\_

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Inheritance? Y/N \$ \_\_\_\_\_ From Whom \_\_\_\_\_

Real Estate: \$ \_\_\_\_\_ Do you have any investment properties? Y/N

**Emergency Fund: Amount \_\_\_\_\_ Where? \_\_\_\_\_ Goal: \$ \_\_\_\_\_**

**Insurance Products**

**Disability Insurance:**

Company: \_\_\_\_\_

Waiting period \_\_\_\_\_ Benefit Period \_\_\_\_\_ Monthly amount \_\_\_\_\_ COLA \_\_\_\_\_

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**Long Term Care:**

Company: \_\_\_\_\_

Waiting period \_\_\_\_\_ Benefit Period \_\_\_\_\_ Wkly/Mthly Amt \_\_\_\_\_ COLA \_\_\_\_\_

Self Covered \_\_\_\_\_ Spouse \_\_\_\_\_

**Private Life Insurance:**

Company: \_\_\_\_\_ Owner: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Cash Value(if appropriate): \_\_\_\_\_ Payment (monthly, annual, semiannual, allotment): \_\_\_\_\_

Company: \_\_\_\_\_ Owner: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Cash Value(if appropriate): \_\_\_\_\_ Payment (monthly, annual, semiannual, allotment): \_\_\_\_\_

**Estate Planning**

Will: Y/N      Living trust: Y/N      Living Will: Y/N      Durable Power of Attorney: Y/N

**Goals:**

Monthly income at retirement (today's dollars) \$ \_\_\_\_\_

Plans in retirement (travel, part time job, etc) \_\_\_\_\_ Federal EE  
\_\_\_\_\_ Spouse

**Other pertinent information:**

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

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**Please return via fax or email to:**

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