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)**
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______

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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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

	You	Your Spouse
Benefit at Age 62	$_____________	$_____________
Benefit at Full Retirement	$_____________	$_____________

Financial Goals

Goals

____

____

____

____

Spouse or Life Partner's Goals

____

____

____

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Notes

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